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## OF THE

### NEW JERSEY MEDICAL REPORTER.

FOURTH MONTH, (APRIL,) 1849.

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Annual Meeting of New Jersey Medical Society.  
 Recipe for Ayre's Cherry Pectoral.  
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### NEW JERSEY MEDICAL SOCIETY.

The Annual Meeting of the New Jersey Medical Society will be held at New Brunswick on Tuesday, the 8th of May next, at 10 o'clock, A. M.

Wm. PINSON, Secretary.

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### RECIPE FOR CHERRY PECTORAL.

The following Recipe should have appeared on the cover with the advertisement, but as it has been omitted by mistake, we insert it here, not being willing to give place to the advertisement without the formula,

R. Morph. Acet. grs. iiii.

Tinct. Sang. Can. dr. 2.

Vin. Antimon.

" Ipecac—aa. dr. 3.

Syr. Prunl. Virg. oz. 3.

M. A.

Dose—15 to 50 drops pro. re nata.

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### NUMBER OF GRADUATES IN MEDICINE FROM THE COLLEGES OF PHILADELPHIA.

University of Pennsylvania,	.	.	.	.	.	190
Jefferson Medical College,	.	.	.	.	.	188
Pennsylvania College,	.	.	.	.	.	36
Philadelphia College of Medicine,	.	.	.	.	.	31
Total,						439



THE  
NEW JERSEY MEDICAL REPORTER.

VOL. II. FOURTH MONTH, (APRIL,) 1849. No. 3.

BIOGRAPHICAL MEMOIR OF CHARLES SMITH, M. D.

By F. RANDOLPH SMITH, M. D.

Doctor Charles Smith, whose death was announced to the Society at their annual meeting in May last, who for a long time filled a conspicuous place among his medical associates in New Jersey, was born December 4th, A. D. 1767, in the vicinity of Princeton, N. J. His parentage was highly respectable, tracing back their descent, in direct line, from the Puritans of Massachusetts, to the seventh generation. And the Doctor, in his Will, bequeaths to his nephew Chas. G. Smith, of Pittsburgh, his "Ivory headed cane which was brought by his ancestor from England more than two hundred years ago."

He was educated at Princeton, and took his first degree in the College of New Jersey, in the Class of 1796. Shortly afterwards he commenced teaching a Classical School in the Academy at Trenton, from whence he removed to New Brunswick to take charge of the Grammar School attached to Queens College. Here he distinguished himself as a successful teacher; and while thus employed, he devoted his leisure time to the study of medicine, under the instruction of the late Dr. Moses Scott. He was licensed as a Physician and Surgeon by James Kinsey and Isaac Smith, Esqrs., two of the Justices of the Supreme Court, upon the certificate of Drs. John Beatty and James Stratton, after an examination held May 1st, 1792. His first intention, after obtaining his

license, as the writer has heard him say, was to go South, and commence practice in South Carolina. And he had actually taken passage in a ship from Philadelphia for Charleston; but the ship leaving him, after an unsuccessful chase down the Delaware, he returned to New Brunswick, and was received into a partnership by his preceptor, whose daughter he married in the autumn of the same year. On the sixth of October, 1792, he was honored with a Diploma from Queens College, conferring the Degree of "Bachelor of Medicine," signed by Wm. Linn, President pro tem., Wm. Paterson, Robert Morris, Frederick Frelinghuysen, and others, Trustees.

From that time, with a single exception, he devoted himself exclusively to the practice of his profession in New Brunswick, steadily refusing all efforts to draw him aside from his pursuit, by the allurements of public life or the emoluments of office, beyond the limits of his own city. Even the exception alluded to above, was professional, connected as it was, with the insurrection in Western Pennsylvania in 1794. On that occasion he accompanied Gov. Howell, of New Jersey, and suite, to Pittsburgh, as "Surgeon of the Cavalry of New Jersey," which Commission he retained till his death.

In practice he soon rose to eminence in his own State, and though not extensively known beyond her limits, he enjoyed in a high degree the confidence of the public and of his professional brethren throughout the State, as the records of your Society will abundantly show. Endowed by nature with mental powers of a superior order, tempered with great good sense, and well versed in language, both ancient and modern, and in the exact sciences, he made high attainments in the professional knowledge of his day; and though prohibited, in middle life by a laborious practice, and afterwards by bodily infirmity, from keeping pace with the progress of Medical Science, his good sense, discriminating mind, and great experience in practice, more than compensated for any deficiency on that account, and brought his patients and pro-

fessional brethren around him for advice, even till a late period of life, though but a wreck of what he had been.

As a writer, Dr. Smith was little known. His communications to the public were always made anonymously, and published in the periodicals, to which he was an occasional contributor in early life. He was fond of literature, and by extensive reading amassed a fund of anecdote, which a retentive memory enabled him to use for the gratification of his friends, and which added to his social qualities, made him a very agreeable companion.

As a linguist, he had few equals in his native tongue, and was very familiar with the Latin and Greek classics, particularly the former, and frequently amused himself and his friends with recitations from Horace, his favorite author, having committed to memory many of his Odes.

In personal appearance he was very attractive; tall and majestic in form, and courteous in manners, he conciliated the favorable opinion of all, especially of strangers, whose prepossessions were always in his favor.

Such was Dr. Smith in his palmy days. But neither beauty, nor learning, nor courtly manners, could exempt him from the common lot of humanity. For the last twenty years of life he was evidently declining. His hearing, previously dull, became more and more difficult. His sight, by paralysis in one eye, and cataract in the other, was much impaired. His muscular power, never well proportioned to his weight of body, yielded under long continued action, and he became in a great measure unable to walk, long before there was any perceptible failure of intellect. In this manner his bodily infirmities continued to multiply, until the brain itself, impaired by age, ceased to perform its functions, one after another, and he expired on the seventh day of May, A. D. 1848, aged more than eighty years; his wife having died about two months previously. They left no children to inherit the ample fortune acquired by his industry.

New Brunswick, March 6, 1849.

## ORIGINAL COMMUNICATIONS.

## MEDICAL MEMORANDA.

By A. N. DOUGHERTY, M. D.

## CASE OF PUERPERAL CONVULSIONS.

Was summoned at half-past 5 o'clock A. M., January 28th, to assist my friend Dr. Wm. M. Brown in a case of puerperal convulsions. The patient Mrs. Mac L., primipara, aged about 22, was taken in labor several hours before, and was progressing well when suddenly, frightful convulsions supervened marked by intense lividity and distortion of the face, and complete insensibility. Dr. B. immediately bled her, and repeated the bleeding on the return of convulsions an hour afterwards. The whole quantity abstracted was three pints.

I found her partially restored, free from convulsions, very restless, with a small frequent pulse, the os uteri dilated to the size of a dollar, the membranes unruptured and beginning to protrude, and the head presenting.

The question now arose, whether we should turn and deliver, at the imminent risk of destroying the child, or let off the waters and give ergot, trusting the natural powers thus assisted. As convulsions had been absent some time and the pains were regular and increasing, we concluded to adopt the latter course.

At eight o'clock the head being at the perineum, the convulsions returned, and at the request of my friend, I applied the short forceps (though with some difficulty owing to the tossing of the patient) and in five minutes we had the pleasure of seeing the child born alive. The convulsions ceased and both mother and child have since done well.

## CHLOROFORMIN PUERPERAL CONVULSIONS.

February 22d, noon, was called to attend Mrs. W., primipara, aged 18, said to be in labor.

Found her just recovering from a convulsion, the sixth since two o'clock A. M., when they set in.

A week previously a physician had attempted to bleed her for severe persistent headache, but without success. The application of ice to her head, to which she then resorted, had been unavailing.

Pulse full and hard and rather frequent, skin hot, tongue coated and bowels costive; cervix uteri obliterated, os, sufficiently dilated to admit the point of the finger, rigid and thick, membranes entire and head presenting.

A botanic doctor had just left, after trying in vain to make her swallow, what appeared to be a spirituous preparation of myrrh, and recommending a sweat with hot bricks and vinegar.

After bleeding, and ordering drafts and cloths wrung out of hot water to the feet, and ice to the head, I went to procure chloroform, (which though a new agent, I meant to use) and forceps (if this case, like the last, should seem to require them) and the able assistance of my esteemed friend Dr. Abram Coles, whose opportunities for witnessing the operation of chloroform in the European Hospitals have been very great. We renewed the bleeding, applied mustard between the shoulders, cut off the hair, and ordered injections. About three o'clock the convulsions returned, we reopened the vein and administered chloroform by inhalation from a handkerchief, with the apparent effect of abbreviating the paroxysm and producing sleep. We also forced down a powder of calomel, scammony, and rhubarb.

At our evening visit she was rational, had suffered no return of the disease and was relieved of headache. She continued comfortable until taken in labor on the morning of the 24th when after a few hours she was delivered with the aid of ergot, of a large child, which from the progress of

decay, it was plain had died during the convulsions. She made a good recovery.

#### CASE OF ASCITES.

February 9th.—Was asked to see a child 18 months old, with rupture, and apply a truss. Found protrusion to the extent of an inch and a half at the umbilicus and the scrotum on the right side very much distended. Could easily return the contents of both sacs, but those of the scrotum would return, in spite of my finger, over the ring. Abdomen universally protuberant and hard, habit of the child scrofulous and cachectic. Both tumors were translucent when a lighted candle was held on the farther sides.

Being satisfied that it was simply a case of ascites, I gave the following:

R. Sub. Mur. Hydrag, gr xv.

Pulv. Scammonii 3ss.

Ext. Elaterii gr. ss.

Divid. in pulv. No. xii.

One to be taken every night.

Also Tinct. Digital. Purpur. 5 drops night and morning.

I subsequently doubled the dose of elaterium and trebled that of tinct. digitalis.

March 1st, the umbilical protrusion gone, the sac shrivelled, the scrotal tumor lessened one half, and its communication with the abdomen closed. In fact, the latter has become ordinary hydrocele. The abdomen is large but resonant, and the pulse 120, notwithstanding the heroic doses of digitalis.

Newark, March, 1849.



## CASE OF ENLARGED SPLEEN.

By L. A. SMITH, M. D.

J. H., of this city, aged about 30 years, of very robust frame, hardy constitution, and good habits, some time in the spring of 1847, received a severe blow in the left hypochondriac region, in consequence of being thrown from his wagon. He suffered some pain for a few days, but soon resumed his business which was very active and laborious.

During the summer following he had an attack of intermitting fever, which was soon subdued, by the usual treatment. This was followed by symptoms of functional derangement of the loins, with dyspepsia, a pallid countenance, œdema of the feet and legs, and a dull, heavy, and continuous pain in the left side, where he had received the injury. Being myself absent from home, he came under the care of my friend Dr. Dougherty, who took care of my patients, and who, on making examination, detected a considerable tumour in the left hypochondriac region, the bounds of which could be distinctly traced. On my return, Dr. D. and I made a very careful examination of the tumor, and came to the conclusion that it was an enlargement of the spleen. With this view, we pursued the most energetic and persevering treatment, which our own experience and the best authors suggested, and comprising almost the whole catalogue of the *Materia Medica*, used in such cases. The pain in the side and dyspnoea, which was so great at some times as to prevent the patient from lying down, continued unabated for some weeks, when he was attacked, in consequence of exposure to cold, with pleurisy, which called for very active treatment, and which was finally subdued. From this time, he had but little, if any pain in the side, and was now confined to the bed or the house, till a short time before his death. The most troublesome symptom was dropsical effusion, which was kept in check by the following prescription,



which is here inserted, as it proved of great value in this case as well as many others under my own observation, and that of the friend from whom I received it.

R. Sub. Mur. Hydrag. grs. x.

Pulv. Digital. Purpur.

Sup. Tart. Potass.

Jalapi. aa. grs. iij.

Divid. in pulv. No. xij.

One to be taken every six hours.

During the fall, Mr. H. by my advice went to New York, and consulted several of the most eminent physicians in that city. One of them gave it as his opinion that the tumor was *malignant* in its character. Others gave no decided opinion in the case, but all agreed that little could be done but to palliate the symptoms. I should have remarked, that previously to his going to New York, one physician of eminence in this vicinity, who had been called in consultation, pronounced the tumour an enlargement and thickening of the omentum and advised extensive blistering to the abdomen.

The patient gradually sank, and despairing of recovery he gave up business, and in the summer of 1848 went to his father's residence in Rahway, 8 or 10 miles distant, when he came under the care of Drs. Abernethy and Drake, whose attention and efforts in his behalf were indefatigable, but unavailing. He gradually sank, and about the middle of October, died.

At his request, frequently expressed during his illness, I made a post mortem examination, assisted by Dr. Drake.

On making the incision a large quantity of serum, not less than 10 gallons was discharged. The viscera and cavities of the body were entirely healthy in appearance except the *spleen*, which was so enlarged as to occupy all the left hypochondrium, extending into the right, and also below the umbilicus some inches. It slightly adhered in several places to the surrounding parts, but was easily removed. It was healthy in appearance and color, but on being cut it was

found to be more firm in texture than natural, and somewhat resembling flesh, as it weighed more than 7½ pounds. We cut into it in several places, but found no symptoms of malignancy.

I shall not take up the room of your valuable Journal in detailing the treatment in this case. It comprised all that the skill of several of our most distinguished physicians, who were consulted, could suggest.

Whether this disease was induced by the injury mentioned, or was consequent upon the intermitting fever, or was independent of both causes, I leave every one to make up his own opinion; only adding that I shall long remember the case with interest, not only from its intrinsic merits, but from having had my own life, or at least limb brought into imminent peril by a puncture of my thumb in making the post mortem examination.

Newark, March, 1849.

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#### CASE OF STRANGULATED INGUINAL HERNIA.

BY D. D. T. NESTELL, M. D.

On the 4th of December, at 4 o'clock P. M., I was called to visit Mrs. J. C. *ætat* fifty-eight, who had an irreducible Strangulated Hernia on the left side. She had been affected with hernia about seven years, but had experienced little inconvenience, being able to keep it returned by means of a common truss. On the above day however, imprudently lifting a heavy weight of wet clothes, the intestine descended and in a short time became strangulated. When I arrived, the tumor had been thus conditioned fully six hours. I immediately attempted to reduce it by the taxis, bleeding, the free use of warm fomentations, the warm bath, and the subsequent application of ice water, but all efforts were useless. The sac was nearly the size of a goose egg, and extremely tender on pressure. She had vomited alternately for the

last four hours, with agonizing pain in the hypogastric and lumbar regions, cramps in the lower extremities, and the pulse at one hundred and forty.

The progress of the case being apparent, and not wishing to incur too much responsibility, as I was almost a perfect stranger to the vicinity, I announced to the family the dangerous situation of the patient, and my opinion that an operation was imperative, soliciting an immediate consultation with their regular family physician. Dr. T. Kitchel, for many years their attendant physician, a gentleman of sound, practical knowledge in his profession, was sent for, and his efforts at a reduction proved equally abortive. Neither of us having the necessary instruments, a messenger was hastily despatched for Dr. J. S. Darcy, of Newark, inviting him to perform the operation, and a few hours brought us his return note that he would be with us at 8 o'clock the next morning.

Dr. K. being called to another case, I remained with the patient all night, and administered several doses of sol. sulph. morph. to allay if possible the constant gastric irritation. At about 12 o'clock, a mustard poultice was applied to the region of the stomach which somewhat alleviated the worse symptoms of distress, and the patient slept an hour and a half.

At the appointed hour, Dr. Darcy, accompanied by Dr. J. Nichols, was promptly on the spot, who, after a careful examination, proceeded, assisted by Dr. N. and myself, to perform the operation as follows:

The patient being placed, after the usual method, upon a table, an incision extending over the whole length of the tumor, through the integuments, which were dissected off, exposed the fascia transversalis beneath, which being divided and turned aside, the hernial sac was brought to view. The peritoneum being carefully divided and freely dilated with a bistuory on a grooved director, a small quantity of serous fluid escaped. The bistouiry was then introduced at the seat of stricture, flatwise upon the director, and turned upwards;

and a few moments allowed for the restoration of the suspended functions of the gut, which easily admitted of reduction, and the patient was relieved. The incision was closed with four interrupted sutures, straps of adhesive plaster, lint, a light compress, and the figure of eight bandage applied.

The patient bore the operation well, and Dr. Darcy performed it, as he always does his work, with admirable skill and gentleness.

Subsequently, owing to the quantity of morphia previously taken, considerable constipation of the bowels ensued, and on the second day five or six enemata, composed of catnip-tea, castor oil, and salt, were administered without the desired result. However, on the third day, sulph. magnes. oz. ss. and calc. magnes. oz. ss. were given by the mouth, and succeeded in relieving them, the pulse falling from 120 to 80. The patient now progressed favorably without any other inconvenience than debility and proctalgia, which I considered symptomatic of chronic intestinal derangement, as she had been subjected to lengthy constipations from infancy.

On the ninth day I examined the wound and found it healed by the first intention, removed the plaster and dressing, and applied a soft compress and a slighter bandage. The pulse 64.

On the twelfth day I removed the sutures and allowed her suitable nourishment, with cool acidulated drinks. Since the operation there had been no noticeable fever, and on the 24th of December, the patient was able to leave her apartment.

Hanover, December 27, 1848.

## MEDICAL MISCELLANY.

BY THE EDITOR.

## DISLOCATION OF THE BICEPS FLEXOR CUBITI, MUSCLE.

Was summoned in haste to see a patient, who it was supposed had a dislocation of the arm at the shoulder joint. Found her suffering extreme pain in the right shoulder, with the arm of that side thrown out from the body; she was a tall, slender person, a seamstress by occupation, of relaxed fibre, and rather feeble constitution. In sewing rapidly with a longer thread than usual in her needle, she threw her arm suddenly upward and backward, to the full length of the thread, and was immediately seized with severe pain at the top of the shoulder, and along the course of the biceps muscle, to its insertion. My first impression was, that there was a dislocation of the head of the bone into the axilla, but the depression under the scapular processes, and the tumor in the arm-pit were not discoverable, the limb was neither shortened or lengthened, the rotundity of the joint was preserved, and I was at a loss to form a satisfactory diagnosis. The arrangement of the joint appeared to be undisturbed, rotary motion could be borne, and considerable force by way of extension could be applied without complaint, provided the muscles were relaxed by the extended position. On passing the hand over the shoulder, she experienced a twinging pain, a sort of shudder in the whole course of the biceps muscle. I urged her to allow me to depress the arm against the body, she consented, and bore the suffering produced by the effort with much fortitude; by pressing the hand firmly upon the shoulder, during the descent of the limb toward the side, a slight elevation was discoverable to the touch, just over the posterior tuberosity of the humerus. It occurred to me at once that the long tendon of the muscle had been dislodged from the bicipital groove; and a further examination of the case corroborated the opinion. Having seen no mention of

a like accident by surgical writers, and never having heard of a case of the kind, I naturally enough questioned the soundness of the opinion, but the evidences were too positive to allow me to resist the conviction that the tendon was dislocated. Acting upon this view of the case, the following treatment was pursued:

The arm of the patient was depressed as far as it could be borne, with the right hand, so as to draw the tendon firmly over the tuberosity, and allow the thumb of the left hand, to press against it, and aid in its reduction. The tendon being made prominent, and the thumb adjusted to it, the arm was elevated to the side of the head, thus giving the greatest possible degree of relaxation to the flexor muscles, while the thumb of the left hand replaced the tendon. It slipped suddenly into the groove, and the patient could immediately rest her arm upon the side, though for several days afterwards she suffered pain occasioned by the tension of the muscle over the greater tuberosity. These facts have been mentioned to several surgeons of distinction, and I have met with but one, who has ever seen a similar case. Dr. Mutter, of Philadelphia, informs me that in the course of his extensive practice, two or three of a similar kind have come under his observation; and in submitting to the profession this brief account of a curious and rare accident it may be well to note the diagnostic signs which distinguish it from a dislocation of the shoulder joint. The depression under the acromion process, the tumor in the axilla, and lengthening of the limb, which characterize a dislocation downwards; the prominence under the pectoral muscle, and the backward direction of the limb which are evidences of a dislocation inwards; the hard tumor under the spine of the scapula, and the arm being thrown toward the front of the body, by which we may diagnosticate a dislocation backwards; are all absent, while, as is the case with most displacements of the humerus, the elbow cannot approach the body without pain. The most striking diagnostic symptoms appear to be, the



severe pain caused by depressing the limb, the elevation of the tendon, as a cord, over the tuberosity, on placing the arm to the side, and the freedom from suffering on relaxing the muscles. The treatment is in strict accordance with the pathological history of the case, and in the instance mentioned, was entirely and speedily successful.

### ETHERIZATION IN LABOR.

The use of anesthetic agents in parturition claiming general interest in the profession at this time, we hereby offer our testimony in its favor after repeated trials, and give in evidence the following case: was called to see a young female in her first labor, and informed that she had been suffering considerable pain for twelve hours, and that she had from feelings of delicacy refused to have me sent for at an earlier period. An examination per vaginam revealed a rigid os uteri, but slightly dilated, and unyielding to pressure; the vaginal muscles were considerably contracted, and seemed to resist the entrance of the finger. The membranes had been ruptured, and the waters discharged. I anticipated a tedious and protracted labor, and betook myself to an easy chair and book, determined to propose the use of ether, after seeing my patient suffer two or three more pains. In about half an hour she told me that a neighbor to whom I had administered the ether, in a recent labor had urged her to have it, if she should experience any difficulty. But the mother objected; the nurse had read numerous newspaper stories of its fatal effects, and would not take it for the world. A kind friend who was present, would be very sorry to interfere to the detriment of the patient, but her advice was to take the "safe side" and to go on in the "old fashioned way." As the young lady was entirely unacquainted with the "old fashioned way," I explained to her that she would experience an increase of her sufferings, and probably not be relieved for many hours, and that I believed



she would be on the "safe side" if she would inhale the ether, as my experience with it, had all been in its favor. She insisted upon proceeding with the inhalation. I had with me about four ounces. She soon began to be affected by it, and at first it produced a sort of hysterical laughter that was uncontrollable. She would cry, and talk about her being foolish, and losing her reason; sometimes she would cry out that she was on her way to happiness, and was hastening to Paradise, &c. Of course this was supposed to be reality by the assistants, and they would have withheld the sponge had they been able to extricate it from the grasp of the patient. As soon as the sponge became a little dry, she would call for more ether, and it was given to her freely. In about twenty minutes she experienced its anesthetic effect, and the labor progressed rapidly. The secretions from the vaginal walls became much more abundant, and the head presented at the inferior strait without much difficulty. Here there was some obstruction, the head was large, and the diameters of the strait rather contracted. I determined to apply the forceps and reduce the diameters of the head. In a few minutes they were adjusted, and the delivery was accomplished. The placenta was taken away, the roller applied to the abdomen, and the patient turned upon her side—she as yet made no remark about her situation. Everything being now accomplished, I went to her bed side, and aroused her. She asked how she was getting on. She was told that her labor was done, and her baby born. She could not realize it. She did not believe it, till the infant was presented to her. She assured me that she was entirely unconscious of the application of forceps, though she had an indistinct idea of suffering, she knew she was in labor, and felt that she was making an effort, but she experienced no pain. She did well afterwards, and had a speedy recovery. On the tenth day she was sitting up, and has stoutly arrayed herself among the advocates of Etherization.

## CASE OF DIFFICULT LABOR.

Was requested about 10 o'clock, on the evening of the 14th inst., to wait upon a young female in labor with her first child. Found a tall, muscular woman, complaining of frequent sharp pains in the "small of the back," attended with considerable bearing down effort, which she had suffered since noon. On examination, found the os-uteri dilated to about the size of a shilling piece, and as her pains seemed gradually to increase, I concluded to remain in the house, and retired to bed, expecting to be called in a few hours. Early in the morning I rose, and found my patient quite comfortable. She had slept but little, and suffered but little. I left her, and called again about noon, on the 15th, learned that her pains had not increased, but that there was a slight "show." In the evening was requested to see her again. The os-uteri was dilated to the size of a half dollar, and the pains quite developed. The rigidity of the soft parts, and the evacuation of the waters which had already occurred, gave promise of a tedious effort. Having received while here, a call to another parturient female two miles distant, I concluded that I might obey the call and return in time to be of service to my first case. At 11 o'clock P. M., I left her and found patient No. 2 in the first stage of labor, the membranes entire, and the pains going on as well as could be desired. I was back in an hour and a half to No. 1, and found her in the same condition, making but little progress; left her the second time, and delivered No. 2 of a fine healthy boy, after about an hour's labor, and returned again to my first patient; her pains by this time had increased in violence, and the head was passing slowly from the uterus. I had already suggested the use of ether, but it was refused; the rigidity of the perinæum was yet so decided, that it was proposed again to employ ether, but the mother was unwilling, and the husband was afraid. It was not used. The labor went on, and the strength of the patient

was rapidly failing; the pulse was feeble and she could not make the effort which the pains required. Hodge's long forceps were applied, and a strong cord attached to the handles, so that by the successive turns of the cord upon them, the blades were drawn together, thus compressing the child's head, and shortening its lateral diameter; considerable traction effort was necessary in order to overcome the resistance of the perineal muscles, but by slowly and cautiously continuing the effort, the labor was accomplished, and a large female child was born about six o'clock in the morning of the 16th; notwithstanding the patient had been in labor since noon on the 14th, and the waters had been early discharged, thus allowing of a greater degree of compression upon the child, it was living, and is now perfectly healthy. The following measurements will indicate its size: Its length was  $24\frac{1}{2}$  inches, from the crown of the head to the foot; across the head from ear to ear, the distance was  $7\frac{1}{2}$  inches; and around the forehead and occiput  $12\frac{1}{2}$  inches.

The mother, however, was in an alarming condition. I had directed that she should not be moved from the position in which she was left after delivery, until my next visit, as she was extremely feeble. In about four hours I saw her again; an officious neighbor had moved her up in bed; the hemorrhage was increased, and the extreme exhaustion which she suffered, threatened speedy dissolution. The pulse was small, thready, and beating 150 in a minute; the cheeks and extremities were cold, the abdomen distended, tympanitic, and painful; the countenance pale, and the voice tremulous and indistinct; external stimulants were immediately resorted to, and quinine and brandy given freely by the mouth. Two grains of quinine and a dessert spoonful of brandy were administered every hour, with animal broth, for twenty hours successively, before there was any marked evidence of improvement; then the pulse began to increase in volume, and diminish in frequency; the cheeks grew

warmer, the countenance assumed a more natural expression, but the abdominal distension continued, with a tendency to syncope, so that a steady perseverance in stimulating and tonic remedies, with supporting diet, was necessary in order to ensure convalescence. The alarming symptoms have now subsided entirely, and she is rapidly getting well. How far the history of the two cases reported may correspond, and how far they may be considered as fair examples of the use and non-use of ether, it is left to the reader to decide. The child in the last case is much the larger of the two, the mother has a more ample pelvis, she is a larger woman, bone and muscle well developed, and of mature age. The first case is an unmarried female not yet eighteen years old, a short compact person. Both required the use of forceps; the waters had escaped early in both, the soft parts were rigid, and the os-uteri in each, scarcely dilatable. The one was delivered without pain, recovered speedily and had not a single unfavorable symptom; the other had a tedious labor, suffered all that a woman could suffer under such circumstances, came near losing her life after the birth, and will require a longer time for recovery.

Burlington, 3d month, 21, 1849.

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CASE OF ACUTE HEPATITIS, TERMINATING IN SUPPURATION  
AND RECOVERY.

By WM. K. MASON, M. D.

Was called to see J. B., a young man of robust constitution, and twenty years of age. He had a fever of an inflammatory type, with severe pain in the right hypochondriac region, extending over to the epigastrium, and upward to the right scapula, with partial numbness in the arm of that side. These symptoms were attended with sickness of the stomach, and a bilious coat over the tongue; the attack was ushered in with a chill. I bled him freely, applied sinapisms

over the painful parts, and administered a dose of calomel and jalap, which brought away copious evacuations from the bowels; after this, he was put under the use of potass. nitras., and a strict antiphlogistic regimen was enjoined upon him. The next day all the symptoms had abated, and thinking the disease would soon pass off, I deemed it only necessary to recommend a gentle aperient, and left the case to the restorative powers of nature; but in about a week afterwards I was again called to him, on account of a great aggravation of all the symptoms. Since I saw him before, he had been out, taken cold, and was seized with a chill as in the first attack. I bled him again freely, and put him under the same treatment with the addition of Dover's powder to the mercurial, and a large epispastic over the right hypochondrium. For three or four successive days the pulse seemed to demand the abstraction of more blood, and the inflammatory appearance of the vital fluid, sustained the correctness of the practice. In about two weeks afterwards he began to have frequent rigors, and sometimes decided chills, with a slight cough, which gradually increased till he commenced expectorating a very fetid, light green matter, of the consistence of pus; during this period he could not lie in the recumbent posture, without experiencing a sense of suffocation. At times he would eject from his stomach by emesis a quart at once of the same kind of greenish, fetid matter. After this the expectoration and vomiting ceased for a while, and he could resume the recumbent posture of his body; but he soon became affected with a profuse diarrhœa, the discharge per anum being of the same character as that previously expectorated, and ejected by vomiting; the quantity evacuated in this way was very great, amounting probably to several gallons in the course of two months. I inferred from the symptoms that the abscess must have formed on the concave part of the liver, and extended to the

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\*It is supposed by persons in daily attendance upon the patient, that ten gallons of this greenish fluid were thrown off during the time specified.

convex surface creating an adhesion to the diaphragm, and discharging the matter into the thorax; there were probably other adhesions to the surrounding viscera, but the matter that was vomited was probably taken through the ductus communis choledochus into the duodenum, and from thence to the stomach. He suffered the most excruciating pains, which he described as the "gnawing of a dog;" to allay them he was kept almost constantly under the influence of opium. He became very much emaciated, so that scarcely any flesh was left upon his bones; altogether it was the most singular case that ever came under my observation. I have been in practice some thirty-five years, and during that time my rides have extended over a tract of country, measuring fifty miles in length, and twenty in width, so that I have seen something of suffering humanity; but I assure you I never saw a case equal to the one I have attempted to describe, for the violence and continuance of the pain. After the purulent discharges commenced, I allowed my patient a more generous diet, and supported his strength by tonic medicines. Unexpectedly to myself and all his friends, he recovered entirely, and has since moved to the western country, and continues in good health.

It is mysterious how nature, even with her abundant resources, could withstand such a long continued drain upon the vital powers, attended as it was, with such excruciating pain; but the means employed were such as appeared to be indicated by the symptoms, and the blessing of Divine Providence upon them, secured the wished-for end.

Tuckerton, March 10, 1849.



## BIBLIOGRAPHICAL NOTICES.

ANNUAL REPORT OF THE OFFICERS OF THE NEW JERSEY  
LUNATIC ASYLUM.

We have received from the Superintendent of the Asylum, the annual report of the officers of the Institution. It occupies a pamphlet of 45 octavo pages, and is embellished with a handsome engraving of the building. The managers' first report, the number of officers and their annual salaries, to be as follows:—The superintendent, \$1500; matron, \$300; assistant physician, \$500; steward, \$600; and treasurer, \$200. The entire cost of the building exclusive of fixtures, amounts to \$80,650, and all the personal property in, and about the edifice, as per inventory taken on the first of January, to be \$11,057.09. It is stated that further appropriations will be required to complete the designs of the managers. They seem to have adopted the old maxim that "whatever is worth doing at all, is worth doing well;" and we believe it will be found to be the best as well as the cheapest policy. Some self-wise economists may esteem it an extravagant expenditure of public money for the benefit of the insane, who may not appreciate the amount of benevolent effort expended in their behalf; but the future will reveal the wisdom of such a policy; and the State, we feel assured, will never have reason to regret the liberal appropriations she has already made in this behalf, and we trust she will be always ready to draw from her ample treasury in support of so good a cause.

The superintendent makes a plain statement of the condition of the Asylum. There have been received eighty-six patients during the seven and a half months of its existence, forty-seven men and thirty-nine women; there have been



discharged cured, one man and two women—no death has occurred. The number cured appears to be small, but when it is considered that old and chronic cases, who have resisted all home treatment, are generally the first to be sent to such an institution, and that scarcely time sufficient for the cure of the majority of recent cases has elapsed since the opening of the Asylum, we may readily account for the apparent deficiency, and hope for a fuller report in future. We have not space to admit of further remark, but make the following extract from the superintendent's report, on the subject of the treatment of the insane. We believe that a copy of this, and the future reports, should be placed in the hands of every physician in the state. In no way can their interest and co-operation be better secured.

"The treatment of the insane in asylums, as elsewhere, is properly divided into medical and moral; the former including the use of general and local depletion, medicine, baths, regulation of diet, etc.; the latter, all those means and influences brought to bear upon the person in his new situation, as association with others, employment, amusements, regular habits of rising and retiring, of order and cleanliness, attendance on religious services, &c.

In determining the treatment, reference is necessary to all the causes known to have had an influence in the development or progress of the case, whether nearly or remotely connected with it. With this view, his previous social, civil and domestic relations and pursuits, should be understood and considered.

The different classes of organs and functions should be carefully examined, to ascertain whether, and how far, his disease is connected with physical, mental, or moral causes, either separately or combined; and lastly, what are the true indications for treatment, in view of all these circumstances.

After this investigation, the medical treatment is conducted on the same general principles as are applicable in other diseases, being modified by the age, sex, peculiarity of constitution, and stage of disease. If there exists excitement, depression, or disorder, in any of the various organs or functions, it is sought out and corrected by a resort to the usual remedial means, having in view, of course, the modifications, if any, required on account of the mental disorder.

Next in importance to the medical, is the moral treatment of the insane; and, indeed, in many cases this is either superior to the former, or all that is required for the recovery of the patient. Under this head are included removal from home and the sources of irritation there existing, the care of strangers, who should be intelligent, kind and conscientious, and who have tact and experience to aid them in the performance of their peculiar duties. Such occupation and amusements as are adapted for their benefit, in view of their previous habits and pursuits, and the form and stage of disease under which they are laboring, in fact any and all moral motives, not otherwise contra-indicated, may be presented to the mind, as a means of enlisting their feelings, and of directing their attention from themselves and the morbid trains of thought in which they are inclined to indulge.

Of the fact, that the insane derive important advantage from association, in asylums, with due attention to classification, there can be no doubt.

The peculiar views of others, whether of a mirthful, serious, or even of a painful character, may serve the purpose, above named, of diverting their attention outwardly, and therefore prove salutary.

Hence the advantage of treating the insane in public asylums, rather than in private families, or even in private institutions, where the objects of interest and diversion are less numerous, and where the architectural arrangements and the general system of moral discipline and management are less perfectly adapted for the guidance of the erring and the control of the wayward and violent.

A point of great importance, and one that should be distinctly understood and *conscientiously* acted upon by the friends of the insane, is, that appropriate curative treatment be resorted to early after the attack. The statistical records of institutions for the insane, in all countries, show that a much greater percentage of recoveries occur of the persons treated within the first few months of the attack, or during the first year of the disease, than of those in whom it has existed for a longer period.

*Summary of the Transactions of the College of Physicians of Philadelphia, from September 6, 1848, to January 1, 1849, inclusive.*

We believe that by furnishing to our readers copious extracts from these published transactions, we are placing in their possession an amount of valuable information in a condensed form, which we feel assured is appreciated by them, as the circulation of the pamphlet issued by the College is mainly confined to its own members, and to the editors of medical journals. The profession of Philadelphia have always maintained a pre-eminence in the attainment of sound and practical knowledge, which renders their experience well worthy the attention of physicians everywhere; and coming as it does, sanctioned by the authority of a dignified body of men whose annals are adorned with the most honorable names of the most eminent practitioners of the new world, gives it additional interest and value. The first part of the work before us is devoted to a conversation in regard to the prevailing diseases, and the influence of the weather in their production. In certain sections of the city and districts there has been an extensive prevalence of remittent fever, in some instances assuming a low form with such slight remissions as to approximate to fever of a *continued* type, and in the opinion of Dr. Condie, there has been a much greater prevalence of disease, than during a series of years immediately preceding; dysentery, bilious colic, neuralgic affections of the bowels, and obstinate diarrhœa, from slight causes, such as immediately preceded the visitation of the cholera in 1832, have prevailed to an unusual extent. And it is asserted by the same gentleman, that very dry and hot autumns are almost invariably attended with the prevalence of disease, but especially of fevers of the remittent type. Drs. Gibbons, Meigs, Coates and Griscom, concurred in the opinion that in those years when the ditches become dry, the wells refuse to supply

water, and the meadows are divested of moisture, the low forms of fever and dysentery are more apt to prevail.

Next follows an elaborate report on the "theory and practice of medicine," by Dr. Coates. The Dr. claims only to select from the "prodigious amount of the materials" which have presented themselves during so fruitful a year as the past; an outline of the progress in this branch of science, and confines his labors principally to notices and reviews of new medical works. Under the domestic head, the second edition of Dr. Word's elaborate work on practice; the anniversary discourse of Dr. Francis, of New York, on medical education; a recent publication by Dr. Henry Hartshorne, entitled, "Water versus Hydropathy," are briefly referred to. The observations on yellow fever by Dr. C. H. Kelly, of Mobile, in the Philadelphia Journal, are partially analyzed.

#### YELLOW FEVER.

Dr. Kelly defines yellow fever to be "a distinct form of continued fever consisting of a single paroxysm varying in duration, but without any true remission from its commencement to its close." Immunity from a second attack is considered a special characteristic of the disease. In treating of the pathology of yellow fever some important differences between the anatomical characters which mark this disease, and those which characterize gastro-enteritis, are drawn, the vessels of the intestinal canal present an appearance similar to those of strangulated animals, and there is eldorn a ny indication of softening, ulceration or gangrene of the mucous membrane. The use of the lancet in the treatment of yellow fever is seldom beneficial after the very first stage of the malady. Warm or tepid baths, cold affusions to the head, frictions to the body and extremities, prior to enveloping the body in a warm blanket, and putting the patient to bed, are recommended; slight catharsis with mercurial medicines, injections, and Dover's powder, should be resorted to. Dr. K. has never known a fatal case follow

mercurial salivation. To arrest the hemorrhage, acetate of lead and nitrate of silver are employed, and benefit is generally found from blisters to the epigastrium in the early stage. To allay thirst, allow the patient to eat ice; to relieve gastric irritability, give a solution of camphor in ether, or a solution of bicarbonate of potassa, restraining the patient from the free use of drink. To prevent collapse in the latter stage, stimulants, and particularly opium are recommended; alcoholic stimulants, and sixty and eighty grain doses of quinine, have *not* been successful means of cure; the black vomit has not been arrested.

#### TYPHUS FEVER.

A paragraph is devoted by the Reporter to a brief notice of Dr. Sargeant's observations on the petechial typhus, attended with rose colored spots, with but few abdominal symptoms, which occurred at the Philadelphia Lazaretto. Dr. S. has in the opinion of the Reporter, been very successful in his treatment of these cases. Only four cases were lost out of thirty-seven, (11 per cent.) Tonics and stimulants were chiefly employed in the treatment, cold ablutions and stimulating lotions were of great service; a generous diet was allowed.

#### CONGESTIVE FEVER.

A paper on the subject of the congestive fever of the south and west, by Dr. Charles F. Lavender is referred to as containing valuable information. Dr. L. finds bleeding in this disease rarely to be tolerated. Patients will fall into an immediate and fatal collapse from the loss of a few ounces of blood. Quinine is the main remedy, administered in doses of from five to twenty grains every hour or two, till the characteristic effects are produced. Sometimes brandy and other stimulants are needed in large quantities, but are reported as being extremely dangerous in excess. Ten grain doses of calomel given every hour or two, have been of great utility. If before the cerebral congestion occurs, there

is purging of dark vitiated bile, the patient invariably gets well—recoveries occur from two to five days—death occurs in the majority of cases in the second paroxysm; sometimes in the first.

DR. HASTINGS ON YELLOW FEVER.

Dr. H., who has had large experience and has been very successful in his treatment of yellow fever, asserts that the disease is not contagious, cites examples to prove it, and is convinced that second attacks are quite common. His treatment comprehends free bleeding till the fever and head ache abates, and sometimes till syncope is produced. To allay the vomiting of the cold stage, a large blister is applied over the abdomen. Scruple doses of calomel, with morphia, in quantities sufficient to allay the nervous excitement, are administered, the blisters are dressed with mercurial ointment in order to produce ptyalism which is continued for seventy-two hours, during which time the patient is not allowed a mouthful of nourishment, or even drink. Sulphate of magnesia, injections of castor oil and turpentine, are employed to keep the bowels open, and ice water to the head. The surface is sponged with cold water if heat and dryness are present to indicate it. The success claimed is as follows:

1841, U. States brig Jefferson arrived at Indian Key—a number died; but he believes none who were landed within the first three days.

Schooner Otsego; every officer and man on board affected with the fever. Dr. M'Kinley and a seaman died on board. All the rest went into hospital, and none were lost.

Same schooner returned with an entirely new crew. All were again affected with the fever. They arrived in two days at Indian Key; all went into hospital, and all recovered.

The expedition they relieved lost several men on the coast; and three died; having come into hospital after being sick several days.

At Tobasco, in 1847, more than three hundred cases; "no death from the fever."

The U. S. steamer Mississippi, in the same summer, more than four hundred cases; only two deaths.



The late Dr. Howard Smith and Dr. Hastings, at the naval hospital, island of Salmadina;—thinks over four hundred cases. Deaths. Of those received within the first forty-eight hours; Dr. Kearney, Lieutenant commanding Chauncey, Dr. Howard Smith and master of arms Bates; four officers, no men. Of those received from the fourth to the seventh day, Dr. Bates, and eight non-commissioned officers.

Dr. Hastings finds this to prove a mortality of only one-half per cent. of all those received within the early stages of the attack; and publishes extracts from Lieutenant Simon F. Blunt and Dr. T. M. Potter, confirming his estimates of the violence, severity, and prevalence of the disease.

The aim of Dr. Hastings appears to have been to cure this fearful disease by the simplest possible means. His ample opportunities for witnessing the malady in all its forms, opened a wide field for experiment, but he has wisely chosen to use familiar means, the effect of which he could safely estimate, in preference to the employment of new and uncertain remedies.

#### CASE OF WM. FREEMAN.

Under the head of Psychological medicine, the case of Freeman, the murderer of the Van Ness family is mentioned, and facts stated which show that there existed in the prisoner, mental disorder, attended with extensive disease of the pulmonary organs, &c.

Four days after the murders, he was found by Dr. Fosgate entirely deaf of the left ear and partially so of the right. He had unequivocal pulmonary consumption, an abscess which burst and discharged profusely from the left ear, his hearing was ultimately nearly or quite destroyed. Three weeks before his death, his left eye protruded so far that he could not close the lid over it; and the eye was deprived of sight. The left side of the face was paralysed, and the mouth drawn to the right. If I understand aright, the right eye was also affected, as he is spoken of as "almost blind."

The dura mater was found in a state of congestion at its anterior portion, with effusion of serum between the membrane and the arachnoid. There was also a small adhesion to the occipital bone. The pia mater was thickened and in a state of congestion; particularly in the superficial vessels



of the right anterior lobe; and the anfractuositities of the right hemisphere were filled with serum. There was an increased amount of blood throughout the whole upper part of the brain. The petrous portion of the left temporal bone was the seat of a caries and a necrosis, the internal ear and membrana tympani almost obliterated, and the dura mater covering this bony part in a state of congestion.

The brain weighed only two pounds, eleven and three-quarter ounces. Phrenological descriptions and measurements are given; from which we gather that self-esteem and firmness were very large, combativeness and destructiveness large, and the other organs small, except the intellectual, which were moderate.

Dr. Fosgate infers, in common with those parties who moved the Supreme Court for a new trial, that this subject was of deranged mind, and not a responsible agent, at the time of the murders. In this your reporter joins him; but begs leave to suggest a further reflection, in favor of which recent evidence has accumulated, as far as parallel cases can go, to a very serious amount; the inquiry whether in this man, principally of negro origin, imprisonment has not itself produced the consumption and other tubercular disease. In this case, would it not appear that the State which acted to spare the offender in four murders, itself inflicted death for a larceny of which the party is now believed to have been innocent, and caused the massacre it was preparing to excuse?

Intermittent fever is mentioned by Dr. Telfer of the Insane Asylum at Toronto (York) Canada, as a frequent cause of insanity. Dr. Bell, of the McClean Asylum, Boston, has observed among physicians having charge of the insane, a manifest tendency to return to the principles of treatment formerly adopted by Penil and Tuke; and the remarks of Dr. Evans, of Frankford Asylum, near Philadelphia, in favor of the frequent use of frankness to the insane, instead of treating them as irresponsible beings, are commended to the attention of the profession. Other subjects of interest are to be found in the department of the report devoted to domestic intelligence, but having selected the most important we pass on to a brief notice of the foreign department. This is chiefly occupied with a summary of the intelligence which has from time to time appeared on the subject of cholera.

## CHOLERA.

Nothing novel in the treatment is presented in the report that we have particularly noticed except the fact that the "cold treatment should be preferred to external heat." It is asserted that there is direct evidence to prove that "the number of human lives that have survived is much greater by suffering the patient to remain cold." The fact that cholera patients complain of torture from the application of heat to the surface, and that the flesh of cold-blooded animals resists the approach of local death much longer when kept at a low, than at a high temperature, is adduced in support of the doctrine in favor of what is called the "cold treatment." The Reporter is evidently a non-contagionist, and announces that the practical question as to the contagious character of Indian Cholera is already clearly decided on the non-contagionist side. On the subject of

## VARIOLOUS EPIDEMICS.

A conversation took place among the Fellows in which some striking instances of infection were mentioned.

Dr. Morris stated, that during a slight prevalence of variolous disease, he had met with some cases which he could not trace to contagion. While in attendance on the first small-pox patient to whom he had been called at that time, he was sent for to visit a family in which no small-pox had appeared, and the members of which had not been exposed to the variolous contagion. As he entered the room and sat down, a lady, who was laboring under severe mental emotion, seated herself beside him, laid her head upon his shoulder, and sobbed. Ten days subsequently, she was attacked with variolous disease.

Dr. Stille remarked, that a somewhat similar case occurred some years since to one of the Fellows of the College. Coming home one day wearing a cloak, in which he had visited a case of small-pox, as he entered the door of his house his wife ran to meet him, and threw herself into his arms. Soon afterwards she was attacked with the disease.

Dr. Evans related the following case of disease :  
A female of very feeble constitution, who had been for a long time confined to her chamber in consequence of spinal

disease, whilst lying upon her bed, eating a portion of sponge cake, complained of a sense of choking, and immediately a tumor was observed to rise on the right side of the neck. Dr. Swift was first called in, and noticed the tumor gradually to enlarge, until it attained the size of a hen's egg; the patient complained of a sense of constriction and numbness extending up the neck. When Dr. E. saw the patient, which was shortly afterwards, he found the tumor upon the neck to be one inch above the sternum, immediately over the right carotid at its bifurcation, and beneath the sterno-cleido-mastoidens muscle, and fascia of the neck—there was no discoloration of the skin—the tumor was dense, inelastic, and perfectly circumscribed, and pulsated when the hand was laid upon it—the patient's head was bent over to the right side—she complained of numbness of the right side of the neck, and of overfulness of the head. It was at first supposed that the tumor might be aneurismal—at the same time, this conclusion was opposed by the dense and circumscribed character of the tumor;—the pulsatory movement might be referred solely to its position over the carotid artery, as no pulsation of the tumor itself, could be detected. Dr. E. not being able to satisfy himself as to the exact character of the tumor, requested Dr. Hartshorne to see the case with him. Dr. H. considered it not to be aneurismal, and suggested that the tumor might have been gradually forming without being observed, in consequence of its having been bound down by the muscle and fascia of the neck; its apparently sudden appearance being occasioned by its escape from its previous confinement. Dr. Evans suggested the possibility of the tumor being probably caused by an enlargement of the thyroid gland. A compress, wet with a solution of potass. hydroid. was applied, and covered with a piece of oiled silk, over which another compress was laid and kept constantly wet with cold water. Leeches were deemed inadmissible in consequence of the debilitated condition of the patient. The tumor continued of the same size for three days; on the fourth day it began materially to change in its appearance. It had extended over the trachea to the left side, had become more compressible and soft, with a sensation as though it were upon the point of bursting during the paroxysms of coughing. There was now sufficient evidence that the tumor was caused by an enlargement of the thyroid gland. It has since then gradually diminished in size. Upon the first appearance of the tumor, the patient's breath-

ing was somewhat oppressed; there was a sense of constriction about the throat, with a disposition to cough, attended with a feeling of great distress.

Dr. Evans wished to learn from Fellows present, whether any of them had met with a similar case.

Dr. Parrish stated, that he had seen a case bearing considerable similarity to the one just described. A lady became greatly alarmed from the sudden occurrence of a swelling on the side of the neck, with considerable oppression of breathing. When Dr. P. saw her, the tumor was of the size of a walnut, elastic, and over the situation of thyroid gland. The patient was asked to swallow, and in the act of so doing, the tumor was seen to move. Particular inquiry was made as to the previous existence of a swelling in the part, which the patient answered in the negative. It continued to enlarge for two or three days; leeches and cold applications, followed by the ointment of iodine were applied. The tumor gradually disappeared. Dr. P. concluded that the tumor in this case had resulted from an attack of acute inflammation of the thyroid gland. The sense of oppression, he was inclined to believe, was partly nervous from alarm at the sudden occurrence of the tumor.

#### THE ANNUAL REPORT ON MIDWIFERY,

By Dr. Griscom, contains the most important facts which have been submitted to the profession in this branch of medical science for the past year, from which we make the following extract, as being the most novel and interesting,

#### TRANSFUSION.

Dr. Waller reports a case, in the Medical Times for January, 1848, in which hemorrhage at the eighth month had reduced the patient to an almost hopeless condition; countenance blanched, pale and livid lips, cold extremities, laborious respiration, general coldness of the surface of the body, and pulse scarcely perceptible. In short every thing indicating approaching dissolution. Stimulants freely given failed to produce even a temporary improvement. Transfusion was resorted to. "When about five ounces of blood had been introduced the amendment was evident," but the blood flowing sluggishly from the arm of the female who supplied it, the operation was suspended, and "nourishment and stimuli" resorted to. In about two hours she again

began to sink, the unfavorable symptoms returned, accompanied by jactitation; about four ounces of blood from the same individual produced no relief; the blood again flowing sluggishly; but an injection of two ounces, which flowed in an impetuous stream from the husband's arm, produced a marked improvement in the patient's pulse. When nine ounces had been injected the countenance was much improved; a slight color was perceptible in the cheeks, and some pain in the arm was complained of; after the introduction of four ounces more all the symptoms of immediate danger vanished; the relief was perfect; "she only complained of excessive fatigue with an inclination to sleep." After a sleep of some hours, a portion of the detached placenta was expelled, and a dead child and the remainder of the placenta followed; the woman recovered.

The subjects of Uterine Hemorrhage, Placentæ Previa, Rupture of Uterus, Spontaneous Evolutions, Turning, &c., Puerperal Convulsions, Anesthesia, &c., &c., &c., occupy their respective departments in this elaborate report, and we regret that our limits will not admit of a more extended notice of it.

#### ANESTHESIA.

Dr. Gibbons introduced the subject of anesthesia by reference to the case of supposed hydrophobia occurring in a lady residing at Camden, N. J. Professor Jackson who had attended the lady was not prepared to assert positively that the case referred to was one of true rabies canina, for there were many important features of that disease absent, and there was even no certainty that the dog by whom the patient was bitten was rabid. Dr. Bond related the case of an extraordinary nervous disease in which convulsions were produced by an effort to turn in bed, in which chloroform has been successfully employed.

Professor Jackson stated the case of a lady laboring under a stricture of the upper portion of the rectum attended with violent convulsive paroxysm, which was relieved by the use of chloroform. Chloroform was repeatedly given by the mother of the patient, for two or three weeks in succession;

the quantity being increased as its effects diminished. Dr. J. was sent for one morning and found the mother in great alarm in consequence of the quantity of chloroform which her daughter had taken. She had inhaled two ounces in the course of the evening, then two ounces more, and an additional ounce in the course of the night; being five ounces inhaled from 5 o'clock P. M. until 10 o'clock of the ensuing morning. Since that time she had no return of her spasms.

Dr. Bond had administered a mixture of chloroform and assafoetida with successful results in a case of trismus nacentium occurring in an infant of a week old. Dr. Hays had employed it to produce local anesthesia in an obstinate case of neuralgia occurring in a gentleman fifty years old, after all the usual remedies had failed to produce relief, with the most happy effect; Dr. H. is not prepared to decide whether the relief experienced is to be attributed to the local anesthesia, or whether it is to be considered as a mere coincidence.

Drs. Parrish and Griscom related cases of its beneficial employment in obstetric practice. The testimony of other Fellows of the College was borne to the safety and efficiency of ether inhalation as an anesthetic agent.

An obituary notice of Henry Neill, M. D., late Vice President of the College, by Dr. J. M. Paul, is also found in the pamphlet before us. The three last words of the notice are all that we shall copy;—he was a "truly Christian Physician."

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*An illustrated system of Human Anatomy, special, general and microscopic, by Samuel George Morton, M. D., &c., &c., with three hundred and ninety-one engravings on wood. Grigg, Elliott & Co., Philadelphia, 1849.*

From some acquaintance with the peculiar fitness of Dr. Morton for producing a work of high merit on a subject in



the study of which he has long been engaged, we looked forward with unusual interest to the appearance of the volume now before us. An examination of its contents has convinced us that the author has added a highly valuable work to the long list of productions upon the same subject. In some respects, this treatise must be regarded as original; for although it announces no new discoveries, its general arrangement and the felicitous grouping of the several departments of special, general and microscopic anatomy, give it a distinctive character not possessed by any other anatomical work.

The illustrations too, are admirable, and so numerous that it seems as though almost every important fact stated, has its pictorial symbol. There is nothing more calculated to enforce truth upon the mind of the student, and to fix facts upon his memory, than this method of figuring before him the parts described, thus enabling him to appreciate them at a glance, and if he has been familiar with them before, to call them up in a moment, without the labor of wading through a long description. An illustrated volume of this description becomes therefore exceedingly valuable not only to the beginner in anatomical study, but to the practical physician and surgeon, who is constantly desiring to refresh his memory upon points which in the variety of other pursuits may have escaped him.

In this volume the reader will also find, all the latest information upon that wonderful science which is just now unfolding its secrets; namely—microscopic anatomy; the "cell doctrine;" the origin, growth and microscopic characters of the different tissues of the body, so far as they have been revealed, are here set forth with a clearness which disrobes them of much of the mystery with which we have been accustomed to regard these minute investigations.

The author has also relieved the dry details of anatomical description by the introduction of physiological facts or doctrines, thus connecting structure with function, and exhibit-

ling the harmony between them. His remarks on the bones of the head and face, the facial angle, the periodical changes in the form of the head, its artificial modifications &c., are of this character.

But it is not our intention to enter into an analysis of the contents of the volume; we would only in this brief notice give to our readers a general idea of what we deem its peculiar merits; as a system of anatomy, we regard it as complete, thorough and perspicuous, it makes us acquainted with the wonderful science *as it now is*, while it illustrates every portion of the structure of which it treats with a clearness and simplicity, which renders its pages not only instructive but highly attractive to the reader.

*On the Cryptogamous origin of Malarious and Epidemic Fevers*, by J. K. Mitchell, A. M., M. D., Professor of Practical Medicine in the Jefferson Medical College of Philadelphia. Lea & Blanchard, 1849.

The work before us is a small octavo volume of one hundred and thirty-seven pages; comprising the substance of six lectures delivered by Professor Mitchell to the class of Jefferson Medical College. Any thing that may be presented to the profession upon a subject so obscure as the origin and causes of fever, is calculated to excite close attention, particularly when clothed with the authority of a distinguished professor of one of our medical schools. Dr. Mitchell, however, does not assert his theory to be true, he presents it as a *plausible* explanation of the origin of fever. We cannot state the views of the author in presenting his thoughts to the medical public, so well as by copying his own language at the commencement of the second lecture.

"In offering to your attention and consideration a theory of malaria, I profess to do no more than present a review of the phenomena which seem to render it probable, without supposing, that, on so difficult and important a subject, I can

produce, in your minds, the thorough conviction; which, nothing short of a positive demonstration, could bring home to my own. Not thoroughly convinced myself, I can only be excused for occupying your time, by the belief that the theory I am about to offer, is not only very plausible, but is associated with agreeable and useful collateral inquiries. If we should not discover at the end of our journey, the truth, the search after which has lured us to the path of observation, we shall enjoy, at least, beautiful scenery by the way, and sometimes pluck a flower, and sometimes find a gem.

Standing at St. George's, in Delaware, more than twenty years ago, upon the bottom of what had been, a short time before, a mill-dam, I found around me the undecayed stumps of trees which had been, for one hundred and seventeen years, submerged in fresh water. Two or three years thereafter, I again visited the spot, and saw that these stumps, no longer wet, but damp, had been entirely disintegrated by the dry rot, and that they crumbled in the handling. In the handful of dust which I picked up, I found innumerable spores of what I supposed to be *Polyporus Destructor*, and *Merulius Vastator*, cryptogamous plants, whose active existence had been bought at the expense of the old stumps. In a moment I conceived that, perhaps, the miasm, so much dreaded in that place, might be, *directly* or *indirectly*, the product of these urgers on of a more rapid decomposition. It was a loose thought at the time; but it gave me a disposition to collect the phenomena which might prove or disprove the agency in the generation of malaria, of living, not of dead plants.

A part of my collection I now offer you. In doing so, I shall present only the affirmative side of the question, believing that no one else is likely immediately to sustain so revolutionary an opinion, whilst professional emulation, habitual prejudice, and even love of truth, will subject it to a sufficiently rigorous opposition. You have, therefore, due notice of the guarded manner in which you are to receive my *ex parte* observations, a notice which I cheerfully give, for I have much confidence in the force of my subject, and do not love my theory well enough to wish its establishment at the expense of truth or reason. Take it, then, for what I may show to be its worth."

We have not space to devote to further extracts from the book; suffice it to say, that it is an ingenious argument in favor of the organic origin of malaria, and of the poison

being a *vegetable* production ; facts are adduced to show that the vegetable virus is most active during the seasons when fevers mostly prevail, that it is most potent at night, and affects particularly the autumnal season. The recent microscopic discoveries which prove a frequent connection of vegetations with cutaneous and mucous diseases, and the fact that cryptogamous plants exercise a creating power, are brought forward in support of the doctrine advanced by the author. The work is small and cheap, and should be in the hands of those who are curious upon the subject upon which it treats.

*Report of the Pennsylvania Hospital for the Insane, for the year 1848, by Thomas S. Kirkbride, M. D. Philadelphia, 1849.*

The report of Dr. Kirkbride for the past year shows the institution over which he presides to be in a prosperous condition. Two hundred patients were under treatment at the close of the year. The total number at the Hospital during the year being four hundred and three. One hundred and twenty were discharged cured, and of this number fifty-seven were residents of the Hospital not exceeding three months ; thirty-five between three and six months, twenty-four between six months and one year, and four for a longer period than one year. The usual annual course of lectures by Dr. John Cunven, the assistant physician, has been full, highly satisfactory and useful. Forty-seven lectures have been delivered by himself, and a number of others by gentlemen not connected with the institution. We believe the practice of lecturing to the insane upon miscellaneous subjects, accompanied by illustrations and experiments was first carried into execution in this Hospital by Dr. Cunven. We hope to see it adopted in our own Asylum, and other similar institutions. We regret our inability to allow more space to the notice of this report.

**NEW JERSEY MEDICAL REPORTER.**

BURLINGTON, FOURTH MONTH, (APRIL,) 1849.

**CHERRY PECTORAL.**

We insert on the cover of this number, the Formula of an Anodyne Expectorant, called "Cherry Pectoral," which purports to be a valuable remedy for certain pulmonary diseases. It is a preparation of J. C. Ayer, a chemist, of Massachusetts, and has received the sanction of several distinguished professors of medicine, in different parts of the country.

The formula of its preparation having been promptly furnished to the profession, we are willing to give it publicity, much as we abhor even the semblance of quackery. It claims as its distinguishing characteristic, the presence of free, permanent hydrocyanic acid, and the value of this article is well known in the treatment of pulmonary diseases.

**NATIONAL MEDICAL ASSOCIATION AND MEDICAL COLLEGES.**

The approaching meeting at Boston promises to be equal in interest to its predecessors for the number and talent of the members who will compose it, and for the subjects which will claim its attention. Already some of the strongest men in our profession are appointed as delegates, and the most of them evince a warm interest in the prospects of the association. In addition to the scientific reports and discussions, and to the business immediately connected with the organization of the body, we anticipate a renewal of the absorbing topic of medical education. The great body of the more intelli-

gent medical men of the country are dissatisfied with the existing defects in our present system, and are anxiously looking for a remedy. The adoption of a higher standard of requirement for the degree, at the meeting in Philadelphia, and the recommendation to extend the courses beyond the old limits, have, it is true, been beneficial, inasmuch as two of the oldest and most respectable Medical Colleges of the country, have greatly improved their courses by acting in accordance with these suggestions. So far we may rejoice; but the great mass of the medical schools pursue the old track, and others have sprung up, upon a basis still more superficial than those against which complaints were originally made. In a word, the competition in medical teaching, which has cheapened and degraded the profession, is still in full activity; and is even, we fear on the increase. The facility with which the degree is acquired, was never greater than it is now. The forms and conditions once attached to its possession, though they may exist in print, and may even be incorporated into the charter, by which the college professes to be governed, are, we have reason to believe, often disregarded, for the sake of adding to the list of graduates, or of swelling the catalogue of the institution. Men who but yesterday were engaged in some other calling, are suddenly transformed into doctors, and their names appear amongst the successful candidates for the degree in the list of some legalized institution, to the surprise even of their friends. By what talismanic method this change is effected, the uninitiated may not know; they can only assure themselves that it was *not* done by the regular old fashioned mode, which was in vogue when two or three medical schools divided between them all the candidates, and when the professors who occupied the chairs, were amongst the most accomplished, learned and conscientious men of their times. Unfortunately the spirit of charlatanism, which under the name of "fair competition," has infused itself into so many of the pursuits of life, and which is tolerated and even encouraged



by the people generally, has entered into the halls of science, and has disrobed truth and knowledge of their dignity, and made learning a matter of bargain and sale. The evil of this is felt in the low standard of ethics, which must prevail amongst men thus educated; and in their general incompetency to practice, one of the most responsible of human pursuits.

The simple possession of a degree from a chartered Medical College, gives to the holder not only a right to practice, but a right to be received as a confiere with those engaged in the same calling. He can claim fellowship in a medical society, can be represented in county, state or national societies, and can even sit there as a member, if so delegated. In the present state of medical education, is this fair? Should the graduate of a college which disregards the will of the profession as expressed through its recognized channels; and which thus claims independence of the medical community, be admitted to a seat in a medical body, on an equality with those who have complied with the regulations generally acknowledged as essential in obtaining the degree? This is a question which we think, the association will at some time, be called upon to decide. There should certainly be a line drawn between the faithful and the recusant colleges; and if the national association undertakes to exercise a supervision over medical education at all, (which we conceive is one of its most important objects,) it is strictly within its province to investigate the standing of the colleges, and to acknowledge or disavow them. It is not probable that the association or its auxiliaries can prevent legislatures from granting charters to medical schools, nor can they control the internal administration of the institutions; but they can say which they are willing to approve as trustworthy, and whether or not they will receive into their fraternity, the graduates of this or that medical school. So far then, as membership in the National Medical Association, or its auxiliaries may be advantageous to the character and standing

of the physician, and so far as its approval or rejection of the claims of a medical school may influence its success, it can exercise a supervision over medical teaching.

Other plans have been suggested, more radical and controlling in their operation. The separation of the teaching and licensing power, the payment of fixed salaries to the professors, and the institution of a national medical college, under the control of the association, and sustained by governmental aid, have all been recently discussed, in medical bodies.

The first has been the settled plan of New Jersey for more than half a century, and its practical operation has been beneficial. Practitioners coming into this State, must submit themselves to an examination of a Board of Censors elected by the State Society, irrespective of a diploma, no matter where obtained. By this act the profession of New Jersey vindicate their right to decide who is qualified to enter their fraternity; and the law co-operates with them in giving effect to their decisions by excluding such as they deem incompetent. Here, after all, is the recognition of the true principle, and although there may be at present great difficulties in its general adoption, yet we cannot but admire the idea, and recommend its adoption where the medical organization of the State is sufficiently perfect—and where favorable legislation can be procured.

We observe that this plan of separating the teaching from the licensing power, has been recently brought before the New York Academy of Medicine, by the venerable Dr. Manley, in a series of resolutions affirming its necessity, and urging its consideration upon the approaching meeting of the National Association to be held in Boston, and from the favor with which the proposition is still entertained by many enlightened physicians, it is not improbable that it will meet with a strong support in that body.

The plan of affixing salaries to the Professors of Medical Colleges, with a view of arresting the evils of competition,

is, we believe, a favorite idea with Dr. Stevens, of New York, the eminent President of the National Association, though we are ignorant of the method, by which it is proposed to carry such an idea into effect. If Dr. Stevens has matured a plan, it will probably also be brought before the association and meet with due consideration.

The project of establishing a National Medical School, under the patronage of the general government, which shall embrace all the reforms aimed at by the friends of an improved system, and shall be a model institution, alike creditable to our age and country, certainly affords a pleasing prospect; while to fix satisfactorily the details of the plan and to believe in the probability of carrying it out when matured, requires a stretch of faith which we fear, few, even of the most sanguine possess.

We observe, however, that the intelligent editor of the Buffalo Medical Journal, in a recent editorial on this subject, advocates the plan with considerable earnestness, and is so hopeful and even confident of its practicability, that he seems almost to persuade us to try. "To effect it," says he, "the profession have only to resolve that it *may*, and *shall* be done." But alas, what can we expect, or what have we ever gained from legislation? The fact of any project which may be submitted to Congress, being truly national, philanthropic, and in the highest degree useful, is not sufficient to commend it to the favorable regard of legislators. There are so many diverse interests to be reconciled, such a multiplicity of subjects which absorb the attention of physicians more strictly personal and political, that but little hope can be entertained of engaging them in disinterested efforts, for the advancement of medical knowledge. Physicians have no favors to dispense, and their influence upon public men and measures is limited, however highly individuals amongst them may be esteemed, for their private and professional worth.

Still we have no objection that an effort should be made to organize an institution which shall represent the ideal of a good medical school, and shall afford an opportunity for an extended and thorough medical education, to be under the control of the National Association, provided a plan could be agreed upon which should meet the approval of that body.

We have thus presented the several propositions, which have been recently announced, to meet this difficult and embarrassing question; there may be other methods more effectual or practicable, which may be submitted for consideration at the ensuing meeting at Boston. The subject of the degrading competition in medical teaching, and of the manifold evils growing out of it, must be considered and a remedy applied, so far as it is in the power of the profession in their collective capacity to act. That the assembled wisdom of this numerous and intelligent body of men, may be adequate to the exigencies of the case, and may rescue our noble science, from the degradation to which it is exposed, from the influence of a mercenary spirit, must be the sincere desire of every conscientious physician.

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#### PSEUDO-MEMBRANOUS LARYNGITIS IN A PREGNANT FEMALE.

Some three months since we were called to visit a young married female who was laboring under what was supposed at the time to be a case of bastard croup, or the laryngismus stridulous of Good. She had recently lost her husband, was desponding and nervous, and looking forward to her accouchment with much anxiety. Her breathing was quick and laborious, her pulse excited, her voice reduced to a whisper, her nervous system greatly deranged. Supposing her disease to be dependent entirely upon a spasm of the glottis, she was treated with nervous stimulants, as assafr-

tida, musk. &c., after free catharsis with a mecurial pill and rhubarb. Fomentations were applied to the throat with a view of relaxing the spasm, and we left her, confidently expecting to find her better in a few hours. At our next visit her symptoms seemed more alarming, there was no relief to the breathing, the pulse was more rapid, the skin was hot, and fever was evidently present. The medicines which she had formerly taken were now discontinued; and it was determined to make a mercurial impression upon the system, feeling confident that the case was one of membranous croup—for although we had never seen a case of the kind in an adult, the peculiar characteristics of the disease became very evident. Two grains of calomel were administered every two hours, and continued until the gums became slightly sore. Assafoetida injections with laudanum were administered to calm the restlessness of the patient, who had become exceedingly alarmed and agitated. We were afraid to administer emetics on account of the danger of producing miscarriage, as our patient was in the sixth month of pregnancy. Up to the period when the gums became affected, she breathed as if through a quill. Now, there was a slight rattling in the windpipe, the breathing became more convulsive; the patient asked to be raised in bed, was in constant fear of strangling, said she felt something like a worm in her throat,—and we determined to administer an emetic. To this she objected, saying she felt as if she would vomit without it. In a few minutes more, she discharged a false membrane about an inch in length, tough and leathery to the feel, and tubular in shape. She was much relieved of oppression, breathed more quietly, but not naturally. Soon after she threw off another small piece of membrane of the same consistence and appearance as the former. From this time she recovered rapidly, and has within a few days been delivered of a healthy female child.

## THE ENSUING ANNUAL MEETING.

We have received a letter from the President of the New Jersey Medical Society, requesting us to remind the delegates to the ensuing annual meeting, of the importance of being early at New Brunswick in order to accomplish the necessary business of the society during the day. The trains of cars leave Philadelphia and New York at an early hour in the morning, (six o'clock, we believe,) and if delegates who are to reach New Brunswick by railroad will take the earliest line, there will be no difficulty in organizing the society at 10 o'clock. We think this important, as subjects of unusual interest will claim the attention of members. The proposition from Salem to return to the old system of examining candidates for license, embraces an entire revolution in the present policy of the society, and it is important that every delegate should be at his post in good season. Other subjects of equal interest to the welfare of the society, and of the profession, will be presented, and we trust the suggestion of the President will be remembered and adopted. We have long thought that the short time allotted to the annual meeting, and the great amount of business which necessarily claims its action, has a tendency to impair its usefulness, and we cannot but hope that the attendance of the delegates at the ensuing meeting will be prompt and punctual.

## CAMPHORATED CHLOROFORM LINIMENT.

A communication from the London Lancet, published in the Eclectic department of our last number, gives a formula for preparing a mixture of Chloroform and Camphor, held in solution by the yolk of an egg; thus procuring a very elegant preparation by which a larger dose of camphor can be administered, than by any other known method. We have tried this remedy in several instances, and have found it to afford relief in an obstinate case of flatulent colic, and



in several cases of Dysmenorrhœa. In the latter complaint we believe it to be a valuable remedial agent; and we refer to the fact of the powerful solvent properties of chloroform, to introduce to the notice of our readers, a liniment that has been prepared by Wm. B. Price, an enterprising druggist of this city, where olive oil is used as the vehicle of the compound of camphor and chloroform, instead of the egg, as mentioned in the communication referred to. The official Linimentum Camphoræ of the U. S. Dispensatory contains half an ounce of camphor to two fluid ounces of olive oil, but it has been ascertained by the gentleman referred to, that by the aid of chloroform a much larger quantity of camphor may be held in solution, thus increasing greatly the strength of the compound. As three drachms of camphor are perfectly soluble in one fluid drachm of chloroform it is clear that the strength of the official liniment may be greatly increased by the use of the latter solvent. The present formula gives us half an ounce of camphor to two fluid ounces of oil; by dissolving the camphor in chloroform, it may be increased in weight to one ounce and a half, and will be held in solution by the same quantity of oil, with the addition of two fluid drachms of chloroform, to give an anesthetic property to the liniment. We have used this liniment in a few cases of local pain from neuralgia and rheumatism with good effect. Our patients speak of it as a soothing and pleasant remedy;—it is worth a trial.

#### EDITORIAL CHANGES.

Professor R. M. Huston has withdrawn from the editorial charge of the "Medical Examiner," and is succeeded by Drs. Francis G. Smith and David H. Tucker.

The editorial department of the "Western Journal of Medicine and Surgery," has been relinquished by Drs. Drake and Colescott in favor of Professor Gaudell.

The New Orleans Medical and Surgical Journal has passed from the hands of Professor Harrison, and is now under the control of A. Hester, M. D.

The Missouri and St. Louis Medical and Surgical Journals have been united, and the new Journal is edited by Professors Linton, Moore, McPheeters and McDowell.

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#### VALEDICTORIES.

The usual variety of valedictories has been received, but their number, and the variety of subjects embraced in them, prevents any further notice than a mere acknowledgment.

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#### HOSPITAL REPORTS.

The usual report of the Massachusetts General Hospital, has been received, with the report of the Pennsylvania Hospital, and our own Asylum; but our usual acceptances in this department have not yet reached us.

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#### ITEMS.

*A Double-Headed Child.*—There has lately been presented to the Baltimore College of Dental Surgery, a monster in the shape of a white male infant. The two heads and faces are distinct except along their line of junction, which occurs at the forehead, cheeks, chin and base of the lower jaw. Each face has a *hare lip* which extends back through the palate, forming a communication between the nose and mouth.

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*Antidote to Chloride of Zinc.*—Dr. Stratton of Edinburg, from experiments made by him, concludes that either carbonate of soda, carbonate of potash or common soap, is an antidote to the chloride of zinc. The dose will be a drachm of soda, or half a drachm of potash to a drachm of the zinc, or a proportionate quantity of soap, which contains only from six to ten per cent of the alkali.

**Indiana Central Medical College.**—The Indiana Asbury University has organized a Medical Department, to be located at Indianapolis. The following gentlemen compose the Faculty: Dr. J. S. Bobbs, General and Special Anatomy; Dr. L. Dunlap, Surgery and Surgical Anatomy; Dr. T. W. Cowgill, Theory and Practice of Medicine; C. M. Downey, A. M., Chemistry and Pharmacy; Dr. J. S. Harrison, Materia Medica, Therapeutics and Medical Jurisprudence; Dr. G. W. Mears, Obstetrics and Diseases of Women and Children; Dr. R. Curran, Pathology and Physiology.

The first course of lectures will commence on the first Monday of November next, and continue four months. The following are the fees: Tickets of each Professor, ten dollars; dissecting and matriculation tickets, five dollars each, and the graduation fee twenty dollars; making in the aggregate one hundred dollars.

**Monstrosity.**—A most singular case of Congenital Deformity was presented at Dr. Parker's Clinique on Monday last—a child three months old, apparently healthy, was born with the Tibia of both legs apparently broken and united again, with the bone bent at an angle of 45 degrees, and several dimples in front of the prominent end of the tibia, as though the rough end of the bone had at some time projected through. There were four toes on one foot, and three on the other.

**Secret Medicines in Iowa.**—Dr. Crawford has introduced into the Iowa Legislature, a bill to compel every vender of secret nostrum, to place a label upon the bottle or package containing it, stating its ingredients, &c. This is so just and proper, that we are surprised such a law is not passed and executed in every state in the Union. We do not know the fate of the bill, but wish Dr. C. success in his laudable efforts. His report to the Legislature on Quackery, has also been received.

Professor C. J. B. Williams has announced that after the present session, he will retire from the University College. Thus it appears that the ill-advised course toward Professor Syme, of Edinburgh, will result in the prostration of the renowned University.

**Death of Dr. Prichard.**—The London Athenæum announces the death of this distinguished physician and eminent author. His "Researches into the Physical History of Man," and "Natural History of Man," have gained for him a high and extended reputation. To the profession, he was also known for his excellent work on Insanity. Of late years, he had devoted himself almost entirely to the study of Ethnology—the result of which, was the very elaborate and learned "Researches." He died in London, Dec. 22d, 1846, æt. 62.

**Rush Medical College.**—On the 22d of February, degrees were conferred at this institution, located in the city of Chicago, Illinois. A discourse by Dr. Brainard, the professor of surgery, is represented to have been very able in defence of the science of medicine against the hostility and perpetual warfare of ignorant empirics. Eighteen gentlemen received their diplomas and the degree of M. D. Professor Blaney announced that the honorary degree of Doctor of Medicine was conferred on Thomas Hall, of Toulon, Ill., and James H. Buel, of Williamsport, Ind.

**Prof. Thos. D. Mitchell** has resigned the chair of *Materia Medica and Therapeutics*, which he has held in Transylvania University for the last ten or eleven years, and accepted that of *Theory and Practice*, in the *Philadelphia College of Medicine*.

**Georgia Medical Convention.**—A convention of the physicians of Georgia was proposed to be held in Augusta on the 20th of February; the object of which was to "adopt such measures for the improvement and benefit of the profession as they may deem proper."

**Professor C. J. B. Williams** has announced that after the present session he will retire from the University College. This it appears that the ill-advised course toward Professor Syme of Edinburgh will result in the vacation of the renowned University.

## ECLECTIC DEPARTMENT.

## REMARKS UPON THE USE OF ANTIMONY (TART. ANT. ET. POT.) IN THE PNEUMONIA AND BRONCHITIS OF CHILDREN.

By H. N. BENNETT, M. D., of Bethel, Ct.

No article of the materia medica has longer or more deservedly maintained a reputation in the treatment of acute pneumonic affections than antimony. It is not the design of the present paper to detract from its merits, but to inquire in what circumstances the use of this article should be avoided or discontinued in the treatment of the pneumonia and bronchitis of young subjects, particularly of those from one to six years of age. The tendency, at this period of life, to gastro-enteric irritations and inflammations is so great, that every plan of medication directed upon the alimentary mucous membrane, in such a manner as to excite the action and increase the secretions of the intestines, is accompanied with more or less danger to their integrity. It is for this reason that purgation, as an unique method or as the basis of treatment, is scarcely applicable to any of the diseases of early life. The physiological differences between the gastro-enteric mucous membrane of early and adult age, are unquestionably accountable, in a great degree, for the different therapeutic effects of those medicines which exert their principal influence upon this membrane. In childhood it possesses a greater degree of vascularity, and is more easily excited to increased secretion; it is more sensitive to impressions made upon it, and more readily communicates morbid irritations to the encephalic nervous centres; it is less tolerant of course, irritating or acrid ingesta, and their effects are sooner manifested in the disturbance or destruction of its functions; in short, it is more highly organized and *tender* than the mucous membrane of adult age.

The effects of emetic tartar upon the alimentary canal are well known. The first evidences of its action are nausea, vomiting and purging, accompanied by great prostration of muscular power and blanching of the cutaneous surfaces, and these effects are nearly the same in early and adult age. If the vomiting which occurs from the first few doses of the medicine, ceases after a continuance of its exhibition, it is

not so generally the same, according to my experience, with its downward effects in children. Purging once excited by the use of this article, I have frequently seen exaggerated to a diarrhoea from the exhibition of even the smallest doses, and I have established it as a general rule in my practice, to discontinue the use of antimony as soon as there is any unusual looseness of the bowels, especially when the discharges become thin colorless and more resembling serum than feces, considering the latter as evidence of the irritating effects of the medicine upon some portion of the enteric mucous membrane. To persevere in the administration of antimony after these effects are produced, is, in my opinion, to hazard the safety of your little patient, by inducing an enteritis which may prove much more troublesome than the original disease, and will at least entail a protracted convalescence. An immoderate looseness of the bowels has also no curative effect upon the inflammation of the bronchial mucous membrane, or of the parenchymatous tissue of the lung itself, but rather the reverse. The sympathy existing between the mucous membranes of the air-passages and of the digestive apparatus, is well known. A bronchial mucous flux, or even a purulent expectoration, is suddenly checked by a diarrhoea. Thus the natural relief of the inflamed bronchial membrane, or of the hepatized lung, to wit, an increased mucous or a purulent secretion, is retarded or suspended by the continual drain from the bowels, the respiration continues difficult and hurried, the hæmaturia is farther perverted, and the powers of life prostrated by the loss of integrity in the functions of the digestive tube.

The emetico-cathartic effect of the first doses of antimony, I consider by no means prejudicial in the treatment of the pneumonic affections of children, and I wish to be understood that the occasion for suspending its use, is an established diarrhoea, which I have found it difficult to control while continuing the administration of the medicine. The addition of a few drops of the sol. morph. to every third dose of antimony may restrain its purgative effects upon the alimentary canal, but the constant drowsiness or stupor induced as a consequence, is perhaps as dangerous as the diarrhoea, inasmuch as it compromises the cerebral functions, a thing always to be avoided in children.

There is but one circumstance which can render an excuse for the continued exhibition of antimony after the production of diarrhoea, and that is when the bronchial flux is excessive and threatens to suffocate your little patient by its quantity.



I prefer, even in this case, the administration of simple cathartic medicines, and an occasional emetic dose of antimony, to any other method; for when the bowels have become once irritated by tartar emetic to the production of diarrhoea, it is often difficult to obtain an emetic effect, and we thus lose an important auxiliary in the treatment, which remedies, to a certain extent, the want of expectoration which is almost universal in children.

The best method which I have tried, of exhibiting antimony to children, with the view of obviating its irritating effects upon the stomach and bowels, is to make the solution in some mucilage, and add to each dose a few drops of spirit of nitre, while at the same time the chest is to be completely enveloped in a flannel moistened with a warm infusion of hops. I think I have had sufficient experience to warrant me in asserting that children tolerate antimony in this manner far better than when given alone and without the application made to the cutaneous surface; and I am also positive that I have seen acute bronchitis in particular yield to this treatment in a remarkably short period of time.

The effects of antimony upon the alimentary canal are more marked at certain seasons of the year, and during certain epidemic constitutions. According to my experience, it is borne with less tolerance during the summer season, when various causes combine to render the digestive mucous membrane more irritable and disposed to phlegmasia. It is true that pneumonic affections more rarely occur at this period of the year, but it is equally true that when they do occur, they are accompanied with much greater gastric irritability than is usual in the same diseases in the colder months. During the summer season I have many times found it impossible to establish the tolerance of antimony by the most careful management, vomiting would be reproduced by the smallest doses, and a gastro-enteritis follow upon a perseverance in its use. It has been my practice for some years, in those cases which manifested much gastric irritability to avoid the exhibition of emetic tartar altogether and substitute simple refrigerant drinks, thus falling back upon a mere expectant treatment, rather than irritate my patient by more powerful means. The pneumonia and bronchitis of summer and the early fall months, if unattended with complications, are much less dangerous and run their course more rapidly than in the winter season, and this should form a strong reason for proscribing any medication which may involve other organs and superadd a phlegmasia which will increase the danger of the patient.

Certain epidemic constitutions prohibit the use of antimony. It is not long since I witnessed an occurrence of this kind. During the last spring, soon after the decline of the epidemic erysipelatous fever which prevailed in this town, I had occasion to treat several cases of pneumonia among children, in which the exhibition of antimony was uniformly attended by a troublesome diarrhœa with alarming prostration. I could not induce a tolerance of this medicine, and did not prescribe it at all after the first few cases. This peculiar intolerance of tartar emetic, was probably owing to an unusual irritability of the alimentary mucous membrane, and a disposition to the diffuse inflammation which had characterized the epidemic of the winter. The occurrence of epidemic constitutions forbidding the use of antimony has been observed by some European writers, and is hinted at by MM. Barthez and Rilliet, in their invaluable work on the diseases of children.

The conclusions at which I have arrived in reference to the use of antimony in the pneumonic affections of children, may be summed up as follows:

Young subjects are not as tolerant of tartar emetic as adults, owing to the greater irritability of the gastro-enteric mucous membrane; and its administration should be modified to accommodate this condition.

The exhibition of this medicine should be discontinued whenever diarrhœa takes place, especially if the alvine evacuations are thin, colorless, destitute of fecal smell and consistency.

The tolerance of antimony is less during the summer and first fall months, and it should be given with caution, or perhaps avoided.

Certain epidemic constitutions forbid its use altogether, but these are only to be suspected by a trial of the medicine, and the observation of its effects upon a number of cases, in which it will uniformly produce troublesome symptoms and complications.

increase the danger of the patient

## REMINISCENCES OF OUR FATHERS.

*Memorial from the College of Physicians of Philadelphia to Congress.—Deleterious effects of Distilled Spirits on the Human System.*

*Communicated to the Senate December 29, 1790.*

To the Senate and House of Representatives of the United States, the memorial of the College of Physicians in the city of Philadelphia respectfully sheweth:

That they have seen with great pleasure, the operation of a National Government, which has established order in our country.

It belongs more peculiarly to men of other professions to enumerate the pernicious effects of these liquors upon morals and manners. Your memorialists will only remark, that a great proportion of the most obstinate, painful and mortal disorders, which affect the human body are produced by distilled spirits, and they are not only destructive to health and life, but that they impair the faculties of the mind and thereby tend equally to dishonor our character as a nation, and degrade our species as intelligent beings.

Your memorialists have no doubt that the rumor of a plague, or any other pestilential disorder, which might sweep away thousands of their fellow citizens, would produce the most rigorous and effective measures in our Government to prevent or subdue it.

Your memorialists can see no just cause why the more certain and extensive ravages of distilled spirits upon life should not be guarded against, with corresponding vigilance and exertion, by the present rulers of the United States.

Your memorialists beg leave to add further, that the habitual use of distilled spirits, in any case whatever, is wholly unnecessary, that they neither fortify the body against the morbid effects of heat or cold, nor render labor more easy or more productive, and that there are many articles of diet and drink, which are not only safe and perfectly salutary, but preferable to distilled spirits, for the above mentioned purposes.

Your memorialists have beheld with regret the feeble influence of reason and religion in restraining the evils which they have enumerated. They centre their hopes, therefore, of an effectual remedy for them in the wisdom and power of the Legislature of the United States, and in behalf of the interests of humanity, to which their profession is closely allied, they thus publicly entreat the Congress, by their ob-

ligations to protect the lives of their constituents, and by their regard to the character of our nation and to the rank of our species in the scale of beings, to impose such heavy duties upon all distilled spirits, as shall be effectual to restrain their intemperate use in our country.

Signed by order of the College,

JOHN REDMAN, President.

Attest, SAMUEL POWELL GRIFFITHS, Secretary.

Philadelphia, December 27th, 1790.

*Two Cases of Pneumonia, illustrating the comparative efficacy of Mercury and Tartar Emetic, in the treatment of that disease. By William Fletcher Holmes, M.D.*

Edward, a stout mulatto boy, a miller, *et. 25*, was suddenly attacked with a severe rigor. I found him, six hours after the invasion of the disease, suffering extreme pain in the left lung, restlessness, dyspnoea, urgent cough, scanty expectoration, sputa viscid and tinged with blood, considerable dullness on percussion, tongue foul, and a quick, irregular pulse. After scarifying and cupping his chest extensively, and premising a full dose, 12 grs. of calomel, I directed one grain of tartarized antimony, in solution, to be given every hour.

25th. The stomach had not rejected the tartar emetic, which had produced considerable enteric irritation. Cough less frequent, expectoration freer, sputa more favorable, tongue red, with some uneasiness of the bowels, purging and watery stools. Directed the tartar emetic to be given every two hours, with a few drops of laudanum.

26th. Had tolerated the medicine well. The pneumonic symptoms in a great degree relieved, pain gone, sputa healthy, pulse natural. Directed compound syrup of squills. Although the pulmonary disorder in this case was completely relieved, yet the convalescence was extremely tedious, it being some time before the stomach and bowels resumed their proper tone.

December 28, 1843. Peter, *et. 65*, the subject of elephantiasis, was taken with a severe chill. There was great anxiety, pulse rapid and easily compressible, light delirium, hippocratic expression of countenance, tongue dry and covered with sordes, great thoracic uneasiness, frequent

sighing, urgent cough, difficult expectoration, sputa mucopurulent and abominably offensive. The gurgling sound readily detected by stethoscopic examination, skin harsh and covered with a greasy exudation. The case evidently one of a well-defined typhoid type, and much more likely to terminate unfavorably, than the one described above.

In the first place, I employed dry cupping to the chest, and over the cervical vertebrae; afterwards applying a blister sufficiently large to envelope the whole of the anterior portion of the thorax. I then prescribed 10 grs. of calomel every two hours, with the view of bringing the system under the influence of mercury, with the decoction of senega.

The pulmonary symptoms somewhat relieved, expectoration less difficult, pulse better, delirium gone. Continued the same treatment.

The patient much better, gums fiery red and very tender, all the symptoms relieved. Directed decoction of senega alone.

Ptyalism fully developed, and the patient rapidly convalescing.

*Remarks.*—In pneumonia of a well-marked typhoid character, I think that the practitioners hazard much by the administration of tartar emetic; whilst in cases where the inflammatory symptoms run high, I would prefer the immediate sedation produced by this medicine, to the slow alterative influence of the mercurials. My friend, Dr. W. W. Holmes, of Chester District, who has had an extensive experience in the treatment of typhoid pneumonia, tells me that in every instance, where the patient is not absolutely beyond hope, he attempts ptyalism; and that, where a full and timely development of this takes place, the patient invariably recovers. The success which has hitherto attended his practice, is the best guarantee of its excellence. Late writers argue that in the treatment of particular forms of disease, ptyalism is productive of no good whatsoever; that where the patient recovers under a mercurial course, his recovery is not attributable to the action of the mercury upon the system, but to the agency of other remedies, or the vis medicatrix nature. They contend that mercurialism is not the cause, but the consequence of the amelioration in the disease; the post hoc instead of the propter hoc. If you inquire the cause of this alleviation, they reply—the recuperative powers of the system. If you suggest that the tendency



of disease is to death, and that the vis, &c., is an obsolete idea, except in homopathic and Thomsonian practice, they answer that the tendency of all the organs is to resume their normal functions, no matter whether the cause of their derangement be intrinsic or extrinsic, permanently existent or temporary. How absurd is such a theory. Do not all the organs of the animal economy exhibit a remarkable proclivity to waste, disorganization and decay? Does not all nature, in every phase and cycle, display symptoms of impending dissolution? In the course of any malady, granted that pyalism is *not* the cause of amelioration, does this deprive the mercury of any agency in the cure? Certainly not. The disease gives way before the continued exhibition of the mercury, and so soon as it begins to exert its specific action upon the system does a mitigation of the morbid phenomena take place, and simultaneously with such a mitigation, pyalism is developed. Pyalism is neither the cause nor the consequence (only incidentally) of such amelioration; it is simply an evidence of the specific action of mercury, which, according to all rational views, is the cause of the relief. If we could obtain this peculiar and specific action without salivation, it would be far better for our patients.

I am inclined to believe that cases which have been reported as terminating unfavorably, notwithstanding salivation has been fully established, were owing to inertness and a want of energy on the part of the practitioner, to follow up the relief obtained by such practice, by the bold and judicious use of appropriate remedies.

A physician is called to see a patient. The case being urgent or malignant, he deems it necessary to institute a mercurial course. Upon the second or third day, he finds mercurialism, in some degree, established, the disease abated, and his patient manifestly better. Contenting himself with *expectants practice*, he opines that nature is competent to the completion of the cure; and in direct contrariety to all prudential considerations, abandons the case to her recuperative energies. Salivation has perhaps been but imperfectly developed, or of ephemeral duration. The soreness of the gums and the spitting soon subside, the disease returns with renewed violence, all the symptoms become aggravated, and the patient dies. And the practitioner, in order to administer a *placebo* to his own conscience, and throw a mantle over his own ignorance and want of energy, declaims against the mercurial practice.

In October last, I was summoned to attend a case of con-



gestive fever, so denominated, par excellence, I suppose, in which I determined upon the mercurial course. To this end, I gave 10 grs. of calomel and 10 of quinine every two hours. Under this treatment the case progressed favorably. Upon the second day, I found that salivation had taken place, to the great relief of the patient. I deemed it useless to do any thing more. After 20 hours, I was sent for in great haste. Upon returning, I found all traces of pytalism gone, and the case making rapid advances to a fatal termination. The prompt use of calomel and quinine, however, sufficed to relieve the patient. If this case had been left to nature, the patient would probably have died.

I am no advocate for the reckless and discriminate use of mercury, nor am I a routinist. I condemn the maxim, "Atarous dixit, ita est" as heartily as any of my medical brethren; but I do sincerely deprecate the spirit of pure hypothetical innovation\* which prevails in the profession, to the complete uprooting of physiological views and the great impairment, if not total demolition, of all rational practice, which is based upon the experience of ages and upon sound and substantial theory. Thus I have heard Professor Dickson stigmatized by some of the *not-distant* medical *literateurs* of the present high pressure system of professional education, as a routinist, because, forsooth, his treatise is systematic; and by others as a superficialist, for no other reason than that his style is polished and his language chaste and elegant; as if abruptness, bluntness and vulgarity were evidences of profundity.—*Charleston Medical Journal and Review*.

#### *Cases of Erysipelas, which occurred at Soluca, Mexico.*

*By Israel Moses, M. D., U. S. A.*

In these observations I propose to give an account of some cases of erysipelas which occurred in the city of Soluca, Mexico: and as the locality and circumstances under which diseases arise are both interesting and instructive, I have preceded my cases by a brief account of the place where they occurred. About the 8th of January, 1847, the 6th and 8th Infantry and 4th Artillery, under General Cadwallader marched from the city of Mexico. The sick were left

\*By innovation I do not mean reform, as to correct

behind, so that we set out with a clean bill of health. Soluca, the capital of the state of Mexico, forty miles from the city of Mexico, is situated in the midst of a most beautiful and fertile valley, environed by hills. To the S. W. of the town is the Nevada de Soluca, a mountain 2000 feet above the valley terminating in five snow-capped peaks which enclose a lake, upon the banks of which is a monastery. The centre of the valley is occupied by Lake Lerma into which numerous streams flow from the mountains, abundantly supplying the villages and towns with the clearest and most delicious water. Corn, wheat and barley are the principal products. Soluca contains about ten thousand inhabitants, and is well built in the form of a square. The streets which run parallel in both directions are kept in an admirable condition of cleanliness, by a system of drainage, which might be advantageously adopted in our large cities. The cleaning of the streets is done by prisoners. The temperature is much lower and less equable than in other parts which I visited. Gusts of wind, generally coming from the N. W., were frequent; often followed by heavy falls of rain, loud thunder and vivid lightning. On the 6th of March, a violent hail-storm occurred, which lasted about an hour. In fine weather the thermometer usually stood at 60° to 65° from 9 A. M. until 6 P. M.; during the remainder of the day varying from 48° to 52° F. Sudden and great changes were frequent, the thermometer sometimes falling 10° or 12°. The inhabitants usually enjoy good health. Diseases of the nervous system prevail extensively in the various forms of paralysis, chorea and arrest of development in different parts of the body. Affections of the eye causing blindness are frequent. Small-pox has prevailed extensively amongst the Indians inhabiting the valley. About four-fifths of those who come to the city on market-days, are deeply pock-marked. Vaccination is rarely or never practised, as far as I could ascertain, even among the educated. A fact worthy of note in the medical history of this place is, that during the cholera season, 1833, not a single case occurred at Soluca, while it prevailed extensively in the town of Lerma, fifteen miles distant. The elevated position of the town rendered it very salubrious; though we all suffered more or less for a short time after our arrival, from difficult or embarrassed respiration: indeed, one officer who was inclined to phthisis was compelled to leave, in consequence of the aggravation of his cough and pain in the chest. As was to be expected, diseases of an inflammatory character prevailed, especially

pneumonia, bronchitis and rheumatism, as there were no fire-places in the houses which our troops occupied, they were more or less cold and damp, especially in wet weather; the floors are of brick and the rooms contained no fire-places. This was the only appreciable cause for the cases of erysipelas which were very numerous in all the regiments. It was remarkable that this disease, in nearly all the cases, commenced and was confined to the face and head. Slight cuts or scratches frequently gave rise to erysipelatous inflammation. As the inhabitants did not suffer, we naturally supposed that it may have been the effect of this elevated temperature or the dampness of the barracks, upon our soldiers who had been some months in the warm and equable temperature of the city of Mexico or the lower country. During two months that the 6th Infantry (to which regiment I was attached) occupied this town, nine cases of erysipelas occurred of a severe character, in nearly all of which the disease commenced or was confined to the head and face. A short outline of the cases may not be uninteresting.

Case 1.—The first case, Private Hoffman, occurred a few days after our arrival. He was attacked with uneasy, chilly sensations and general *malaise* in the evening, and presented himself next morning, complaining of pain and sense of enlargement of the head. Tongue heavily coated; loss of appetite; fever, etc. The face was swelled generally and spots of redness were visible about the forehead, between the eyes and brows. He was ordered an emetico-cathartic and light diet; the next day the redness and swelling had increased, so that the forehead and nose were affected. I painted the part with a strong solution of nitrate of silver and gave him good diet of soup. As the disease increased I painted the parts with the caustic solution, until the extension of it was checked, which was on the fourth day, when it covered the whole face, from which time he recovered.

Case 2.—A few days after, Private Ryan was attacked in the same manner but with greater severity, the disease rapidly spreading so as to involve the face, scalp, ears and neck, completely distorting his features, and giving his head nearly twice the natural size; active febrile symptoms with delirium set in. Tongue heavily coated, dry and brown in centre. Pulse 100, full and strong. Ordered calomel, gr.  $\frac{1}{2}$ , ipecac. gr.  $\frac{1}{2}$ , which vomited and purged him moderately. Painted the face with the solution of caustic and applied cloths dipped in a warm lotion of acet. plumbi and

opium, which greatly relieved the intense burning. The hair was cut short; on the third, next day, he began to take quinine, gr. x., three times a day with wine and beef soup. On the eighth day, numerous abscesses formed beneath the scalp, and the disease had been checked. At the same time a hard and painful tumor began to form over the mastoid process on the left side, which after being poulticed for a few days was opened and more than an ounce of pus evacuated. About the twelfth day the patient may have been considered recovering, though the convalescence was tedious. The same treatment and diet was continued throughout the period of illness.

*Case 3.*—January 15th, Private Stewart was brought to the hospital with swelling of the right leg and foot, attended with burning and itching pain, redness, etc. The limb as far as the knee was tense, shining, painful on pressure and pitting. The constitutional symptoms were slight. The caustic lotion was freely applied, which evidently cut short the disease on the third day. But as it receded from the lower extremity it attacked the face from the edge of the scalp to the upper lip where it was checked by the same means. Quinine, gr. x., three times a day were given from the commencement with good diet. The disease on the face was much more acute than on the leg, and attended with active febrile symptoms, furred tongue, loss of appetite, but no delirium.

*Case 4.*—On the 21st January, Private Agnew presented himself with redness, swelling and pain of a burning character about the right ear, which had been ushered in the previous evening, with chill followed by uneasy pains in the head and back. The disease was well marked. I directed the affected part to be painted with nit. silver solution, and emetico-cathartics to be taken, and plain but good diet. On the next day after the *prima vie* had been cleared, I ordered quin. gr. x., q. 4 h. The erysipelas extended so as to involve the whole side of the face. The solution was freely applied, but did not seem to produce any appreciable effect until the third day, when the disease no longer spread and convalescence was established. In this case there was no delirium.

*Case 5.*—February 6th. Private Dunn was brought to me from the guard-house, where he had been confined for drunkenness, with his face very much swollen and of a dark

red color, shining and oedematous; not having slept for two nights and suffering from the apparitions of *mania potu*: had eaten nothing for the last twenty-four hours. There was tremor of all his limbs and tongue which was thickly coated with a yellow slimy fur and disposed to be dry. Pulse strong, 100. He was ordered *cal. gr. xv.*, to be followed by *ol. ric.* The face to be painted with caustic, and cloths saturated with a lotion of *acet. plumbi* and opium to be laid over. The next day, all his symptoms were aggravated, the erysipelas was spreading over the scalp and down the neck, he had been delirious all night; his tongue was now dry and brown; sordes accumulating on his lips and teeth; constant tremor and subsultus; comatose, unable to answer questions: skin hot and dry: pulse 120, feeble and quick. As he was rapidly passing into a low typhoid condition, stimulants were freely administered in the form of hot brandy today, in which quinine was dissolved: *carb. ammonia* 10 grains every two hours and beef soup. The *sol. nit. silver* was reapplied to the whole surface inflamed, and covered with the wet cloths. During four or five days, the man continued in a dangerous condition. The head and face were frightfully enlarged and features distorted; breathing and deglutition were performed with the greatest effort: the coma was deep and constant; tongue dry and hard as a board. The stimulating plan was firmly and steadily pushed. The quinine was increased to twenty grains every two hours, with *carb. ammonia*, brandy and beef-soup. The first symptoms of improvement were evinced on the morning of the eighth day, following the application of blisters inside the thighs, when he appeared to be slightly conscious and asked for some drink which he swallowed eagerly though with effort. From this time he continued to improve slowly under the continued use of stimulants and tonics. His face was really a disgusting sight to look upon, being one continued hard black crust, resembling that of a person who was recovering from an attack of confluent small-pox; without a distinct feature or the least expression; the eyelids not capable of being separated. The convalescence was tedious, and he was unable to return to duty until May. This was a most interesting and instructive case to me and I watched the issue with anxiety, scarcely believing that he could recover by any human aid, yet I was most agreeably disappointed. Indeed, I have within my short experience seen so many cases apparently hopeless, recover by careful watching and the judicious application of remedies, that I hesitate



in ever expressing an unfavorable opinion as to the result, and invariably quote the old but trite maxim, "While there is life, there is hope."

*Case 6.*—February 15th. Private Mott was attacked with chill, followed by fever and burning pain in the head and eyes. When he came to the hospital the forehead and eyelids were of a bright red hue, swollen and painful to the touch; tongue coated, moist; pulse 100, of good strength. Moderate heat of skin. As his bowels had not been emptied for two days, he was directed to take an emetico-cathartic, which operated well, after which he took quinine, gr. x, every four hours: the affected parts were painted with the usual application. During the next two days the disease spread over the entire face and ears, which were swollen, tense, red and very painful; as the redness extended the caustic solution was applied so as to cover the whole diseased part and a margin of healthy surface beyond the line of demarcation, and we were pleased to notice that on the fourth day from the attack the redness no longer extended. The swelling began to subside and in a few days desquamation set in. During all this time he continued to take sixty grams of quinine in the twenty-four hours, with beef-soup once a day for dinner. In this case there was no delirium nor any typhoid symptoms, the attack being of a sthenic character and occurring in a man of robust health.

*Case 7.*—Private Lovett was attacked in the same manner as the above case, the disease first appearing in the right ear and extending to the face and eyes; the same treatment in all respects was pursued, and with the same good results; he returned to duty on the tenth day from the attack.

*Case 8.*—Private Cuppinger was brought to the hospital, March 4th, having received a sabre cut over the head, about three inches in length and down to the cranium. As the wound was slight it was simply dressed with adhesive plaster, the hair being shaved off for a short distance around. The next day, about noon, he complained of feeling chilly, which was followed by some febrile excitement, thirst, anorexia and pain in the wound. On removing the dressing, the cut was gaping, the edges swollen, red and edematous, and this appearance extending for some distance over the scalp. The head was shaved and the edges of the erysipelatous blush painted over with the nit. silver solution, quinine, gr. x; q. 4 h., ordered with soup diet. The disease ex-



tended in front only, and as far as the eye-brows where it was checked. The patient recovered in ten or twelve days.

*Case 9.*—February 25th, was sent for to visit Lieutenant —, in consequence of a renewal of hemorrhage from a chancre on the penis. This officer, while at Puebla last August, contracted syphilis, which destroyed the prepuce and nearly one half the glans penis. Soon after the entrance of our army into the capital and having been on duty during the engagements, without taking proper care of himself, he was attacked with violent hemorrhage from the ulcers, which at one time rendered his recovery doubtful. Previous to my being sent for, however, he had entirely recovered his health, and the chancres no longer required other than simple dressings. On the 24th, we rode out together some three miles to see a division drill and the same night he indulged in a debauch. Though generally regular in his habits, he had for a few days been living rather freely. On visiting him, I learned that he had lost about two ounces of blood and found it still flowing from a point of the chancre not yet healed. I applied a styptic with lint and bound the part tightly. I noticed at the same time a general tremor of his hands and tongue and a peculiar expression of anxious fear on his countenance. Since he had retired he had been restless and unable to sleep. Perfect rest in bed and a pill containing two grains each of opium and camphor were prescribed.

26th. Restless and dreaming all yesterday, no appetite, no sleep, increasing tremor of tongue. At bed-time I gave him two ounces of brandy, and eighty drops tr. op. combined with camphor water. About 11 o'clock he became very wild and delirious; could not be kept in bed, but was constantly wandering about and seeing imaginary objects. At 6 o'clock this morning I found him up, dressed and in the act of shaving, which he had left half unfinished, and upon asking him why he did not wait until later, said "he was obliged to make a report of the battle which had been fought last night." He was persuaded to go to bed, however. Tongue was moist, and coated yellow. Pulse 120, quick. As there was a great deal of nervous exhaustion and tremor, the following was ordered: R. tr. op. oz. ss. carb. ammonia, gr. xl. aq. camphoræ et brandy aa. oz. ij.; a tablespoonful every two hours, porter and chicken-soup; penis was dressed; no hemorrhage.

27th. Has not slept in spite of the large amount of anodyne which he has taken, but has been all night in a most fearfully excited state, constantly talking and commanding as if

in battle. In addition to what was prescribed in the morning he took a drachm of laudanum every hour from 8 o'clock until midnight, without producing the slightest quietude until 6 this morning, when he seemed disposed to sleep, and I left him to attend to my morning duties. At 7 o'clock he was quiet and breathing heavily as if in deep sleep. At 8 I was sent for and told he was dying; he was comatose, unable to be aroused, pupils very much contracted and insensible, pulse 144, very quick and small, lips and nails blue, in fact almost moribund; large sinapiams were applied to the legs and abdomen; cups to the temples and along the spine; enemata of brandy with 30 grains of quinine given, and as much brandy with carb. aminon. by the mouth as he could be made to swallow; as these remedies seemed to produce no effect, I had his spine rubbed with croton oil. After steady application of these means for two hours and a half his skin began to grow warm; he opened his eyes and put his hand on his thigh, as if to remove the mustard.

March 1st. He has slowly improved since last date, and slept a great deal. This morning an erysipelatous redness appeared on the left leg where the mustard had been applied, also on the left natis, both of which were painted with the nit. argent. sol. Quinine, wine and porter, with chicken-soup have been continued.

2d. Erysipelas has spread over the foot and ankle, which are swollen, painful, tense and shining; that on the natis has extended to the groin and it has appeared on the forehead and temples.

3d. Rather restless and uneasy last night, disposed to wander in mind; this morning rational; ate a piece of beef-steak and drank some coffee. Erysipelas still extending, particularly on the face.

4th. Passed a comfortable night and is decidedly better this morning; complains of deafness, the result of the large doses of quinine which he had taken; erysipelas on the face is fading; the whole left lower extremity from the hip to the toe is involved; continued sol. nit. argent. to leg. Quinine, gr. viij. q. 4 h., chicken-soup and brandy-toddy, anodynes at night.

6th. Mind feeble and disposed to indulge in fancies; general symptoms improved, erysipelas on the face has subsided, the leg and foot are in the same condition, but more cedematous and numerous vesicles cover the calf and ankle, which were yesterday enveloped in a flaxseed poultice, giving great relief to the burning heat. Continue treatment.

10th. Foot and leg are much better, a spot about the size of a dollar on the dorsum of the foot has sloughed. Bread and beer poultices have been applied with a continuance of the same course of medicines and diet. He is so much improved, that I determined to carry him to the city of Mexico in an ambulance, as we were ordered to march on the next day. He bore his removal well, and slowly recovered, though for a long time he was fully persuaded that his illusions were real. During his convalescence the ulcers on the penis entirely healed, but numerous small abscesses formed beneath and on the eyelids, hips, elbows, scalp and elsewhere. He is now fully recovered, except slight lameness.

I have related the history of this case as briefly as I could, endeavoring to bring out only the most important events from the very copious notes which I took at the time, but I could not refrain from entering somewhat more fully into the details of a case which proved so interesting and instructive to me, and hope it may be somewhat so to others. The obstinacy with which the nervous system, under some diseases, will resist the sedative effect of opium is well exemplified, as well as the energetic means which we are obliged to employ, when at last the nervous energy becomes exhausted and vitality is scarcely to be preserved.

As all these cases occurred in men of robust constitutions and enjoying good health, the treatment pursued will approach more nearly a *standard*, than that pursued when it occurs among the poor in large cities or in public charities, while we may attribute the disease more precisely to a single cause, which is universally acknowledged to be productive of a disease, viz. a residence in cold and damp buildings or exposure to cold and wet.

In Cases 5 and 9, intemperance no doubt brought the system into a condition more prone to the malady, and hence aggravated the severity of the symptoms. In what particular way causes act to produce this disease, we are unable to explain, but it is a well-ascertained fact that whatever tends to impoverish the blood and depress the vital forces will induce it, hence we have it arising spontaneously in the crowded wards of civil and military hospitals, in prisons, on ship-board, in low, damp situations and among those suffering from depressing affections of the mind.

Being aware of these facts, it seems strange that some practitioners have been led so far away by preconceived

ideas of its strictly *inflammatory* nature, as to recommend that blood-letting and antiphlogistic remedies should be vigorously employed, in order to *cut short* the disease, the possibility of which many, and among them Dr. Watson, seem to discredit. The weight of the prevailing opinion at the present time, is in favor of the stimulating and supporting plan of treatment, and the avoidance of blood-letting; and of this I would wish to be considered an humble advocate. Among its supporters are Drs. Fordyce, Wells, Heberden, Elliotson, and Williams, all of whom have possessed the most extensive opportunities of witnessing its beneficial effects. At the onset of the disease, where the symptoms are apparently highly inflammatory, with active delirium, we are strongly inclined to suspect cerebral complication, and use the lancet; but meningitis and cerebritis are, I believe, rare complications, and blood-letting seldom or never called for. During the last three years I have probably attended forty cases, in not one of which has the lancet been indicated. On the contrary, a steady perseverance in the stimulating and tonic course, has met with the most flattering success in my own practice and that of our army surgeons with whom I have conversed. The use of a strong solution of nitrate of silver, (a scruple to the drachm,) and which has lately been strongly advocated in the Journals, at home and abroad, has been applied with the most decided effect of controlling the disease, while the lotion of acet. plumbi et opium, either cold or warm as was most conducive to the comfort of the patient, has tended to relieve the painful sensation, "as if the part were on fire," as many expressed themselves.

As will be seen from the history of the above cases, quinine was used in all except the first, from at an early period of the disease, and continued throughout, the dose varying according to the degree of severity of the symptoms. Of the stimulating and tonic effects of this remedy, in all diseases marked by depression of the nervous forces or impoverished sanguification, I am well convinced. Its astonishing power in the cure of that form of congestive fever which occurs in the southwest, I had an opportunity of witnessing during the summer, at Jefferson Barracks, Mo.—*N. Y. Journal of Med.*

*Needle found in the Heart after Death. Reported by John Neill, M. D., Demonstrator of Anatomy in the University of Pennsylvania.*

Upon the dissection of a black male subject, brought into the anatomical room about the middle of December, my attention was directed, by a student, to a foreign body in the heart. At first, I supposed that it might have been introduced after death, accidentally dropping into the cavity of the pericardium, during the process of stitching after injection; but upon more careful examination of the surface of the heart, no orifice was detected by which it could have entered. I removed the heart and placed it in alcohol, in order to examine it with care.

The pathological condition of the contiguous viscera could not be made out very satisfactorily, on account of the length of the period which had elapsed since death, and from the fact, that an antiseptic injection (chlor. of zinc) had been used, which destroys color and coagulates albumen; there were, however, marks of chronic disease evident, in adhesions of the pleura and serious pericardium; there was also evidence of peritoneal inflammation.

After the heart had been hardened in alcohol, and cleanly washed of clots, I found imbedded in the external wall of the left ventricle, a broken needle, with its point directed forwards towards the apex of the heart; it was much oxidized, and could not be moved from its position, until the cyst containing it was split up. The broken end encroached upon the cavity of the ventricle, being actually contained in one of the columnæ carneæ; the needle was two inches in length, and a line in thickness, belonging to a variety called *worsted needles*.

In the Medical Examiner for May, 1843, Dr. Leaming reports a case of a seamstress, who had accidentally driven a needle, which was sticking in her dress, forcibly into her breast, by striking a table. In a month she had pleurisy, and subsequently pericarditis and pneumonia, and at the end of nine months she died. The post-mortem examination revealed lesions, corresponding with the symptoms; the body of the needle was found imbedded partly in the wall of the right ventricle, and partly in the ventricular septum, whilst the point projected for a quarter of an inch into the cavity of the left ventricle.

In the summary of the American Medical Journal, a case is copied from the Archives Generales, 1842, in which a

soldier introduced two needles into his heart, and was brought screaming into the hospital at St. Petersburg; he had a hard, quick pulse; anxious countenance; copious perspiration; distressing cough, and tumultuous action of the heart; in nineteen days he died; and upon examination after death, it was discovered that the needles had passed through the heart, and lodged in the lower part of the left lung, where they were found in an abscess. The whole track was easily recognised by the marks of inflammation.

In the *Annalist* for November, 1847, Dr. Graves records a case of attempted suicide. "A man pushed a needle into his heart, expecting instant death, as in the instance of Admiral Villeneuve, after the battle of Trafalgar; but being disappointed in the immediate effect, he undertook to cut his throat, which also failed; the vessels having been secured, and the wound dressed by his medical attendant. After reaction had taken place, he had great suffering; every breath being attended with a scream; the physician discovered the puncture made in the skin by the needle, and dissected through the intervening structures, until he "could distinctly see the heart pulsating with the needle in it." "With the aid of a pair of forceps, I extracted the needle, and it was followed with a forcible stream of blood." "He continued to improve up to the sixth day, when he was attacked with pleuritic pains, and inability to swallow; and died on the eighth day after the needle was taken from the heart." *Post-mortem*.—"On opening into the left ventricle, where the needle entered the cavity, there was a small membranous sac, about the size of a pea, formed in the left ventricle, which contained pus."

NOTE.—I learn, through the politeness of Dr. Klapp, physician to the Moyamensing prison, that this man was admitted May 11th, 1847, in rather feeble health; but continued to work for more than a year before complaining of any inconvenience about his chest. When removed to the infirmary, he had severe cough, with some slight constriction in breathing, and occasional palpitation. These symptoms, though never very urgent, continued until his death. Though never delirious, and able to answer questions to the last, he never spoke of having received any injury of the kind, and never manifested any suicidal tendency.—*Med. Examiner*.

As the summary of the American Medical Journal, a copy of the Archives Generales, 1847, in which a



*Advantage of Tying the Umbilical Cord before Delivering the Head after Turning.* By J. S. Unzicker, M. D.

I was sent for by a midwife to see Mrs. A——, aged 34 years, and in labor with her second child, at 6 o'clock in the evening. Pains continued at regular intervals, with presentation of the right arm and face, the liquor amnii having already escaped at 5 o'clock that morning. I concluded at once to turn according to Dr. Wehn's method. Placing the woman, therefore, in the knee and elbow position, the actual labor pains ceased, but after introducing the hand, although the foot was more easily found than in turning after the old method, a great difficulty existed in turning on account of the uterus being firmly contracted around the child, and not a particle of liquor amnii present; but by careful manipulation, I succeeded at last in overcoming this tonic contraction of the uterus, and brought down the foot.

The woman being then placed on her back again, the regular pains returned, and as soon as the umbilicus came within reach, I ordered the midwife to tie the cord; and although the delivery of the head was delayed some time, the child was born alive.

This is the second case I have had within a short time, in which I resorted to the above method with success, and hope that in future hundreds of children may be saved, by this valuable discovery of Dr. Wehn's, which before were sacrificed through partial compression of the cord and consequent venous congestion.—*Western Lancet.*

**DEATH FROM CHLOROFORM.**

A coroner's inquest was held in New York, on the 20th of January, on the body of a seaman, thirty-one years of age, who came to his death the previous day by the effects of chloroform, while undergoing an operation in the New York Hospital.

Dr. Buck, the attending surgeon, in his evidence, stated that, "on or about the 20th of December, I advised that chloroform should be administered to the deceased for the purpose of examining the condition of the rectum, the parts being in such a state of excessive irritability as scarcely to admit of a separation of the nates. The patient recovered from the effects of the chloroform, and remained in all

respects in the same condition as before its use. On the 19th of January, the deceased being in a sound condition, except the local ailments spoken of, and he having never complained of either his head or chest, and not having suffered from the first administration of chloroform, I directed it to be administered to him for the purpose of performing an operation upon the rectum, and the operation of circumcision to remove a phymosis caused by the chancres: the patient soon became excited by the chloroform, as is usually the case, but not beyond a degree which I have often observed. At this moment my attention was arrested by my assistant calling for a wet cloth. On examining the patient I found his face and neck of a livid leaden hue or color, the eyes tumid, the pulse imperceptible at the wrist, and the whole body relaxed; after two or three gasps he ceased to breathe; every means were promptly used to restore the deceased, but without effect. The chloroform was obtained at Lent's, 91 John Street, and not exceeding three drachms was administered from a napkin; a portion of chloroform from the same vial had been administered the day before, to a patient without any unfavorable effects: about ten minutes elapsed from the commencement of its administration before death took place. On making a post-mortem examination twenty-four hours after death, I found the face less livid than before death; on examining the head, the brain and its membranes presented no other appearance than are seen in persons dying when in full health; the lungs were a good deal congested; and discharged, when cut, a large quantity of bloody serum; the heart was large, its ventricles and auricles were empty; its condition flabby; the substance of the left ventricle rather softer than natural; about half an ounce of a watery fluid was found in the pericardium; the viscera of the abdomen were healthy.—*Western Journal of Medicine and Surgery.*

**Case of Edematous Laryngitis—Death—Autopsy.—**  
*Read before the R. I. Medical Society, by George L. Collins, M. D.*

Catharine Martin, Irish, æt. about 30, of robust constitution, arrived in Boston 5mo. 10th, 1848, and came to this city the following day. She was attacked with ship fever, and admitted to the City Hospital on the 19th, where she

went through the usual course of sickness, though the case was not particularly severe. There was considerable delirium, with some manifestation of local complications about the lungs. On the 9th of 6th mo., while still laboring under some mental aberration, she eloped from the Hospital and walked a mile or more, when she was found and sent to the City Asylum. Here convalescence went on favorably up to the 19th, when she appeared very well, with the exception of a slight cough, and a considerable swelling on the left side of the neck, behind and below the angle of the jaw, which was now in the suppurative stage, and which seemed to have its origin in a lymphatic gland. On the morning of this day she was about the yard, and made no complaint until afternoon, when she experienced a difficulty in breathing, which continued to increase until evening, when it became more urgent. Some simple applications were now made by the nurse, who did not think the case of sufficient importance to send for the attending physician. She retired at an early hour with the other inmates, and remained pretty quiet until about ten o'clock, when she aroused those near her by her tones of distress. The nurse was immediately sent for, but on reaching the room about five minutes after, she found her already dead.

*Autopsy.*—I made an examination of the body fifteen hours after death, assisted by Dr. Clifford, who was then in attendance at the Asylum. The throat was the only part examined. The abscess on the side of the neck contained two or three ounces of pus, but it did not seem to have made any injurious pressure upon the larynx. The larynx, with a portion of the root of the tongue and trachea, was now removed, when the cause of death was at once apparent. Both edges of the glottis were affected by œdematous swellings, as was also the epiglottis. The glosso-epiglottic frænum and pouches on either side were considerably swollen. The swelling about the glottis extended into the cavity of the larynx, and spread to the surrounding walls of the pharynx. On further dissecting the larynx, a small abscess was found situated about the posterior part of the cricoid cartilage, a little to the right of the mesial line. The cartilage was denuded of its coverings, both internally and externally, to a considerable extent. A part of its substance was also destroyed, leaving a notch about four lines deep in its upper edge, and involving about three fourths of the arytenoid facette of that side. There was still pus in the cavity, though a part of it had been discharged through the opening directly

into the larynx large enough to admit a small crow-quill. The right arytenoid cartilage was entirely destroyed, with the exception of a small part which gives attachment to the lateral and posterior crico-arytenoid muscles—thus leaving no cartilaginous attachment for the right extremity of the arytenoideus muscle on the vocal ligaments of that side.—*Boston Medical and Surgical Journal.*

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*Encysted Tumour of the Labium, successfully treated by the application of Nitrate of Silver to the Interior of the Cyst.*

Having met with some cases of Encysted Tumours of the Labium, which presented greater difficulty in diagnosis, than is stated by writers on diseases of females, to exist, and having derived the greatest satisfaction from a peculiar method of treatment of these tumours, I am induced to lay the particulars of the following case before the profession, in illustration of these two points:—

I was consulted, March 16, 1846, by a lady aged about thirty-six. She stated that three years before, after a severe and long journey in the winter, during which she suffered much from the bad state of the roads, she was attacked with violent vomiting, which lasted for a fortnight. After it ceased, she noticed, for the first time, a small tumour inside the left labium, which she considered a rupture produced by the efforts at vomiting, having formerly been subject to inguinal hernia. This tumour gradually increased up to the present time; it was not at any period painful, never receded or diminished in size, never emitted any gurgling sound, nor was it ever the seat of œdematous swelling, heat, or redness. It had gradually increased, and had latterly interfered with her movements, and for some time previous, had prevented her sitting down, except with the body reclining far back, and when she sat on a hard seat, pain of an acute kind used to shoot upwards from the tumour through the sacrum. Latterly she has been annoyed by a sensation of dragging from the loins. The tumour itself had never been the seat of pain, nor had there been any discharge from the vagina, or any irritability of the bladder. The catamenia had been absent for years—she had never been pregnant but once, and then she had a miscarriage.

On examination, a tumour of an oval shape was found

occupying the left labium; it was about the size of a goose egg, running along the labium from the anterior fourchette to the perineum, and sending a process upwards, for about two inches along the wall of the vagina. The skin covering it, was devoid of any inflammatory appearance, and moved freely over it. There was no pain complained of when pressure was employed. On coughing, *an impulse was given to the tumour when it lay in its usual position*, but when it was lifted up, it did not receive any. On percussion, it yielded a dull sound. All attempts at making it enter the abdominal cavity completely failed. No irregularity was noticed on its surface; no rumbling heard at any time, nor was there the least change produced by the varying conditions of the bowels; when constipated, the tumour was as soft and as small as when they were relaxed.

*March 20.*—An exploratory puncture was made, and matter of a dark olive color, devoid of odor, escaped. The opening was enlarged, and a tumbler full of thick fluid flowed out, which was of a creamy consistence, and on microscopic examination, was found to be composed of decomposed pus globules, with a large quantity of what appeared to be epithelial scales intermixed. The sac of the tumour was freely cauterized with nitrate of silver conveyed on a probe, and the orifice kept open by means of a plug of lint.

*March 27.*—The sac of the tumour has been filled up with solid secretion, and has undergone great diminution in size; no general disturbance.

*April 1.*—Scarcely any trace of the tumour to be detected, except some thickening of the labium, giving to it a greater fullness and prominence than the other. Ordered to apply mercurial ointment.

*April 10.*—Perfectly recovered—no traces of the disease left.

With the exception of Dr. Ashwell, no writer on diseases of females, that I have consulted, speaks of the points of similarity presented by some cases of encysted tumours of the labium and vaginal and pudendal hernia. He remarks, "that he has known much difficulty arise in diagnosis of this tumour, from a hernia," and in the case I have detailed, the size of the tumour, its shape, supposed origin and apparent connexion with the interior of the pelvis, by means of the ascending process already described, together with the fact, that the patient was predisposed to rupture, and that the tumour received some impulse from coughing, made me proceed cautiously with an exploratory puncture before laying open the cyst.

It is true, that for one case which will present any difficulty in diagnosis, we may meet with a dozen where no such obscurity exists, yet from the occasional occurrence of such cases, the practitioner should examine all, with care, before attempting a cure—for it is strange that though the differential diagnosis between inguinal tumors and hernia in the male, is insisted upon with great force by all writers on these subjects, yet, in works especially devoted to diseases of women, little attention is paid to the matter. But it was more especially with the view of illustrating a method of treatment, which I have found invariably successful, and productive of little annoyance to the patient, and of easy application, that I have laid the foregoing case before the profession.

Four plans of treatment have been recommended for the cure of these tumours:—1. Complete dissection out of the whole of cyst—a plan which must be extremely difficult in most cases, in all, extremely painful, and in such a case as mine, quite impracticable. 2. Laying open the cyst, and filling it up with charpie. 3. Seton; and, 4. Removal of the fluid, and then compression, so as to bring the walls of the cyst into close opposition. The plan of treatment which I have employed for some years past, has been to cauterize with nit. of sil., the lining membrane of the cyst, so as to cause adhesive inflammation, and this process I have found to be so readily excited by the caustic, that I have never been obliged to repeat it a second time. In some instances I have touched the granulations, occasionally, during the progress of the cure, for the purpose of hastening the filling up of the sac; and these were instances where I believed that the nitrate of silver had acted, not by inducing adhesive inflammation, but by effecting a change in the functions of the membrane, in consequence of which, it threw out granulations, instead of secreting, as formerly, a peculiar fluid. In every case in which I have used the nitrate of silver in this manner, a speedy cure has followed, unattended by any bad consequences, and the patient has not been aware, in the majority of instances, that anything beyond the mere puncture of the cyst has been attempted. When we reflect for a moment upon the difficulty of dissecting out a cyst even of moderate size, and upon the excessive pain the patient must endure, both in this operation and in the second and third I have mentioned, and when we recollect the extreme difficulty, if not impossibility, of applying accurate pressure, it will be allowed, that the method I propose, is at least, unattended with any of these inconveniences; and if it should



prove in the hands of others, as successful as it has done in mine, and I have little doubt but it will—it must be considered a plan of treatment preferable to any recommended for the cure of this disease.

The method of preparing the caustic may not be known to some of my readers, and I shall therefore make no apology for describing it:—A large-sized probe should be dipped in caustic, which has been rendered fluid by melting in a watch-glass, over a spirit-lamp or wax candle, until there is a complete coating of the caustic on the probe. When this cools, we have the nitrate of silver, in a form well suited for being conveyed through a small opening and into a deep cavity, and by bending the probe, we suit it to the shape of the cyst, and thus it can be brought into contact with all parts. In large cysts, such as that under consideration, I have had two or three probes thus prepared, as the quantity of caustic coating one, is not enough for the extent of surface to which it must be applied.

This method of destroying cysts, I have been in the habit of employing, in other diseases, as in the encysted tumours of the eye-lids, and in sebaceous encysted tumours; and lately I succeeded in curing a lady of a tumour of the shape, and about twice the size of an almond, which had been growing for some months on the left jaw, and which had resisted every plan of treatment proposed by her former attendant, who had at last recommended its extirpation. A small puncture was made into it, and its contents, which were composed of a reddish jelly-like substance, were squeezed out. A probe, coated with caustic, was introduced, and freely applied to its interior. For the next few days, a small quantity of bloody serum oozed out, but the tumour gradually diminished in size, and now, no trace of it remains, nor is there the least scar visible, which I need not say, is a matter of some importance.

The discovery of this method of conveying lunar caustic to deep recesses, has been ascribed by some of the writers in the *Dublin Quarterly Journal of Medicine*, to my friend Mr. Wilde; but the paper in which he first alludes to it, was submitted to myself as Editor of that periodical, before its management fell into his hands; and in a note referring to the matter, he attributed the discovery to Mr. J. Morgan, from whom he had learned it. I mentioned, at the time, that Mr. Morgan was not the discoverer, for the plan was quite familiar to myself and other surgeons long before Mr. Wilde's paper was written, and had been spoken of at a

meeting of the Surgical Society, in connection with treatment of small nævi. The paper was published, and the obligation to Mr. Morgan omitted; and hence the origin of "Mr. Wilde's method of applying caustic."—*British American Journal*.

*Remarkable case of Disease, attended with displacement of the Stomach.—(Lon. Med. Gaz.)—By Albert Owen, Esq., Surgeon, Aylesbury, Bucks.*

On the 31st of August, I was called in to see a servant maid, in a lady's family, of a pale, pasty countenance, with spare habit, said to be thirty years of age, although apparently ten years at least older. She complained of most severe pain over the entire surface of the abdomen which had commenced five days previously, with an uneasiness about the hypogastric region, during which time she had had complete obstruction in the bowels. Upon placing my hand over the hypogastric region, I came in contact with a large, prominent swelling, about the size of a fetal head at six months; it was moveable, and circumscribed, apparently without any connection to the surrounding parts, in fact I could push it from one iliac region to the other, and upon removing my hand it would resume its former situation in the hypogastrium: it was extremely painful and tender, of a doughy consistency about the center, but thick and hard around the margin; she had not observed any swelling whatever till the five days previous, when the bowels commenced to be confined, but had noticed that it had much increased in size during this time. Leeches and warm poultices were applied to the part, which seemed somewhat to relieve the pain, and my attention was then more particularly directed towards removing the constipation; but notwithstanding the employment of all the means known or practised in such cases, four days elapsed without the least success. The swelling continued to enlarge, the integuments became attached to it, and assumed a very active inflammation; rigors set in, and matter was to be detected seated rather deeply, so that I resolved at my next visit to open it with a lancet, and run all risks as to the real nature of the case. At the expiration of six hours the swelling had become perfectly emphysematous—quite tympanitic. I, however, introduced a lancet to

the depth of an inch and a half, when there escaped first of all a large quantity of most fetid gas, followed by about half a pint of purulent matter. The swelling of course after this discharge very much subsided, leaving a hard circumscribed margin about the thickness of one's little finger. I then resumed my attempts to get the bowels opened, presuming that the tumour had offered a mechanical obstruction. After the employment of a turpentine enema, twice administered, a large quantity of feculent matter passed, with about a table-spoonful of pus following the last portion or finish of the evacuation. The opening made by the lancet was kept free till it ceased to discharge, and then was allowed to heal. The bowels were afterwards relieved twice a week by means of the injections, always with the same appearance of pus in the evacuation; the appetite became good, and her strength seemed to return so much, that on the 23d of September, I considered her safe to be removed in a carriage to her house, distant thirteen miles, although the swelling was still there, and the bowels in the same obstinate condition, only to be moved by art.

My friend, Mr. Stowe, of Buckingham, then took charge of the case, to whom I am indebted for the completion of this history. On the 10th of October, Mr. Stowe found a prominent elastic point, near the spot where I had made the former opening, having all the appearance of another abscess. A lancet was put into it, when out spirted a lot of "bloody serum," as if a cyst had been opened: it bled freely for a few minutes. Mr. Stowe then left it with the impression that it might turn out to be some fungoid or other malignant growth; the girl's countenance became much sunk, and seemed then to bespeak as much. For some days, long shreds of lymph, like worms, came away from the bowel, similar to what one sees after irritating and long-continued purgation. Both apertures, after healing, again burst open, the integument sloughed, and the tumor began to fungate, to bleed occasionally, and to smell horribly; and so matters went on with sickness and suffering till the last few days, when food as soon as taken passed outwardly, showing that the stomach was involved in the mischief.

She died on the 28th November, and the next day an inspection was made. The root of the tumour seemed to have sprung from the pylorus, and dragged down the stomach to the seat of the swelling, and then extended into the pelvis. It was very hard and gritty; certainly carcinomatous, and would have taken some time to dissect it out from all its attachments.

How she lived so long, and ate food till within a week, is matter of surprise. She used to say, "her food went down lower than it should do," which was true enough, for the stomach was vertical and not transverse. And another matter of wonder is, that supposing the girl's statement to have been true, that she had not in any way ailed before the five days previous to calling me in (on the 31st August,) that such a state of things could possibly have occupied only three months from the first appearance of any swelling to the termination of death.—*Western Lancet*.

**On the removal of the bitter taste of Sulphate of Magnesia.**—It has long been a desideratum to remove the bitter taste of that valuable purgative salt, the sulphate of magnesia. After a number of trials I have at last succeeded in effecting this by the simultaneous administration of tannin or coffee; the former, however, is an active agent. 1½ gr. of tannin, when boiled for three minutes with an ounce of the sulphate and about 1½ pint of water, entirely conceals the taste of the salt. The peculiar astringent taste of the tannin may be removed by an agreeable aroma. In roasted coffee we have both the advantages combined. The following are the best proportions:—

Take of sulphate of magnesia, 1 oz.

Powder of roasted coffee, 24 drms.

Water, about 16 oz.

Boil well for two minutes (not in a tinned vessel,) remove from the fire, and let the mixture infuse for some minutes, so as to allow time for the development of the aroma; then filter, or merely strain off. It must be sweetened to the taste. This fluid does not impart the slightest taste of the bitterness of the sulphate. The salt does not undergo any decomposition by this process.

It should be observed that the infusion is not capable of removing the bitterness, nor will the addition of the salt to the filtered decoction answer the purpose.

Should it be required to increase the amount of the sulphate without augmenting the proportion of coffee; 2 or 3 grs. of tannin should be added to the boiling decoction. The aroma of the coffee masks the disagreeable taste of the tannin. Orange-flower water is also useful in concealing the flavor of tannin.—*American Journal*.